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CITY OF OXFORD

ANNUAL REPORT
of the
MEDICAL OFFICER
OF HEALTH
for the year
1972



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MEDICAL OFFICER
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OXFORD

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my twenty-fifth Annual Report and is compiled in accordance with Department of Health and Social Security Circular 1/73.

The first Medical Officer of Health of Oxford was appointed in 1872 and in the hundred years since then there have been only four holders of the post. At this time of impending change, it may be of interest to glance backwards and, therefore, a note giving brief details of my predecessors, together with a few statistical comparisons of the Oxford health services at twenty-five year intervals, will be found immediately following this introductory letter.

Your present Medical Officer of Health will have been twenty-five years in office on 1st April, 1973. Throughout he has been blessed with a happy, loyal and hard-working team of officers, many of whom have spent long periods of their working lives in the health department. Most of those who were in post when your present Medical Officer of Health took up his appointment in 1948 have since retired, but happily six remain and as a small tribute to all my staff, past and present, a photograph of this small representative group is included.

The birth rate increased very slightly from the record low levels of the last two years. Oxford has now experienced three successive years with a birth rate lower than at any time since the 1914–18 war years. There can be little doubt that the City's comprehensive family planning service has played some part in this result, but even so, births still exceed deaths by 318 persons. The illegitimate birth rate showed a further reduction but at 10% it is still far too high. The stillbirth rate was well above Oxford's usual low level but there is no obvious explanation for this. The infant mortality rate was one of the lowest recorded. The death rate was comparatively low with slight increases in deaths from heart and respiratory diseases, and small reductions in deaths from cancer and from violence. Although deaths from diseases of the heart and circulatory system were of equal numbers in males and females, there was a very significant difference between the sexes in that at every age group up to 75 there were twice as many deaths in males, whilst over 75 the reverse occurred, namely twice as many deaths amongst females.

The health centre programme has progressed rather more slowly; the purpose-built extension to Donnington Clinic being delayed for various reasons and the tender stage only completed in February, 1973. Agreement on the Headington Health Centre was nearing completion when there was further controversy about the proposed site in the grounds of the John Radcliffe Hospital. More happily, the Temple Cowley Health Centre scheme advanced quickly and it is now proposed that most of the first floor and all the second floor should comprise an area office for the Social Services Department. Discussions with the doctors concerning an extension

to the East Oxford Health Centre have commenced, but energetic attempts to find a suitable site for a Central Health Centre have again been abortive. The treatment rooms at health centres are being used to an increasing extent and collectively must be saving the hospital service a great deal of work.

The delivery of new ambulances and sitting-case vehicles has improved and current orders should be completed by the end of the financial year. A new radio communication system will shortly replace the present outdated model. The local scheme agreed between the police, fire and ambulance emergency services for dealing with major accidents has been extended to cover the whole of Oxfordshire, Berkshire and Buckinghamshire. Training has included a useful interchange between nursing staff in hospital accident departments and ambulance driver/attendants. There was a slight increase in the total number of patients carried during the year and in the mileage covered.

The health education staff has been expanded by the appointment of an Assistant Health Education Officer who is dividing her time equally between health education and health visiting. Every opportunity has been taken to publicise the adverse effects on health of cigarette smoking. The City Council has recently been justifiably concerned about the adverse effect of industrial atmospheric pollution, but it should be appreciated that cigarette smokers can cause even more harm to the health of themselves, their families, friends and colleagues. For example, amongst the 46 male deaths from cancer under the age of 65 years were 17 due to lung cancer. Other health education subjects covered have been hypothermia, the after-effects of hysterectomy, obesity, first aid, home safety, sex education, the venereal diseases, the mis-use of drugs and food hygiene. Weight control clubs and clinics continued to flourish. In connection with dental health and in the absence of fluoridation of the public water supply, emphasis is placed on the availability of bottles of fluoride drops at all child health clinics in the City. It is intended to try to develop a topical health education theme for each month of the year and to link these, where possible, with programmes from Radio Oxford.

This has been the first complete year of a directly-run family planning service and considerable expansion has taken place. By the end of the year, 21 doctor sessions were being held each week at eight separate centres. Of the 1,879 new patients, 76% were Oxford residents, 44% were married women, 71% were under 25 years of age, and 64% had no children. The contraceptive pill was the method chosen by two-thirds of the patients. Close co-operation with the hospitals has continued, and the domiciliary service has been expanded by two nurses recruited under the Urban Aid Programme. Oxford is a family planning training centre for both doctors and nurses.

The total number of cervical smears taken has increased, there being fewer new patients but more recalls. The local recall scheme, which has been on the basis of five years up to age 40, three years between 40 and 50, and yearly thereafter, has been changed to a constant three years for all ages. This decision was the result of the very low positive rate obtained from the yearly examinations of those over 50. As 59% of all new patients were under 35 years of age, it is clear that we are still not getting sufficient numbers of the highest risk groups. However, some of the younger patients were found to have a positive smear and it is hoped that all will continue to avail themselves of the cervical cytology service as they grow older. The incidence of positive smears was only 1·5 per 1,000 new patients examined and 1·6 per 1,000 recall patients. Since the scheme started in 1965, 67 patients have been found with carcinoma-in-situ and, of these, 13 were under 35 years of age, 39 were between 35 and 50, and 15 patients were aged over 50.

The number of patients referred to the domiciliary occupational therapists has risen substantially. The service has widened to include advice to the staff of Old People's Homes, and on such subjects as the selection of wheelchairs, and plans for disabled persons' bungalows. Individual occupational therapists have been attached to health centres and practices. The Heads of the hospital and local authority occupational therapy services in the new Oxfordshire Area have been meeting regularly throughout the year and have produced a report advocating a comprehensive rehabilitation service, which could be a model for the other paramedical professions to emulate.

The chiropody service continues to expand but still falls short of need. Both the number of patients and the number of treatments have doubled since 1968 when a directly-provided service was inaugurated. There are now ten centres strategically placed to serve the elderly and handicapped in the City by means of 18 weekly clinic sessions. In addition, regular visits are made to Old People's Homes, as well as domiciliary visits where necessary. The disused baths part of the St. Barnabas Clinic premises is being reconstructed to provide improved clinic facilities and to serve as the headquarters of the chiropody service. It is also hoped that these new premises will enable supportive and corrective foot appliances to be provided which, in addition to making some patients more comfortable, would probably reduce demands on the service. The Chief Chiropody Officers held a successful conference and exhibition at St. Edmund Hall during the year.

Of the seven patients now receiving domiciliary renal dialysis, four have had room conversions carried out and three have been supplied with portakabins.

The existing serious housing shortage has meant that the service for rehousing on medical grounds has hardly been able to function. Applications have been discouraged unless medical need is very strong; otherwise

medical and nursing staff spend a vast amount of time investigating and assessing patients' claims, all to no avail. Homelessness has received a great deal of publicity recently, but in trying to solve this difficult problem, the plight of seriously handicapped residents living in completely unsatisfactory accommodation must not be overlooked.

Close co-operation between the health and social services continues, regular meetings being held. A Senior Medical Officer has been paying frequent visits to all Old People's Homes, which are now accommodating far too many severely disabled persons needing heavy nursing care. Increasingly, social workers are appreciating the advantages of working closely with doctors and nursing staff at health centres or surgery premises. Co-operative efforts have resulted in elderly persons' registers being set up in six practices and it is hoped that this valuable asset to doctors, nursing staff and social workers will be extended. Health visitors are helping social workers with the problems of nurseries, playgroups and child minders. Social workers are gaining experience in the handling of difficult psychiatric emergency cases. An experimental attachment has been made of a psychiatric nurse to a general practice on the basis of a half-time appointment, thus linking up the hospital and community psychiatric services.

In July, the G.P. Maternity Unit was transferred, along with all other hospital maternity services, to the new John Radcliffe Hospital where there are twelve general practitioner beds on Level 6. Domiciliary deliveries have further declined and Oxford now has 96% institutional midwifery. However, City midwives remain responsible for over 30% of confinements because of the important role they play in the G.P. Maternity Unit scheme.

The health visiting section now has six trained field work instructors. The recent trend towards total family care has continued with only about half the visits being concerned with the traditional maternity and child welfare group of patients, whilst a quarter of all visits were to the elderly. Immigrants continue to require a disproportionate amount of time, partly because of language difficulties. Strong links with the hospital service continue, with particular reference to the paediatric, maternity and diabetic departments.

There was a slight increase in the district nursing work-load. Fewer injections are given in the home as health centres become increasingly available for the more mobile patients. Three additional district nursing centres were established at doctors' surgeries. The regular visits of district nurses to confer with the surgical ward sisters at the Radcliffe Infirmary have continued. More of the routine domiciliary district nursing work is being delegated to nursing aides, and an improved evening service has been developed by recruiting part-time trained nurses.

The grant to the B.R.C.S. loan service was increased substantially to enable the purchase of more expensive items of equipment such as hoists

and ripple beds. More disabled persons are being looked after at home and they are surviving longer, thus necessitating improved domiciliary nursing facilities.

Attendances at child health clinics have continued to decrease as a result of the declining birth rate; this has necessitated some changes in the clinic services. With regard to welfare foods, there have been fewer requests for national dried milk resulting from a preference expressed by the paediatricians at the John Radcliffe Hospital for a proprietary brand. There has also been a change in favour of the increased use of concentrated A, C and D vitamin drops. The number of congenital abnormalities reported has again shown a slight increase; rather remarkably, they included eleven cases of hypospadias or epispadias compared with only one such case in each of the last two years. As careful investigation failed to find any cause for this, it is now accepted that there has probably been previous under-reporting of this condition. Of 22 infant deaths, 14 occurred in the first week of life and, of these, 11 happened in the first 24 hours. There were only two "cot deaths", each being thoroughly investigated without any obvious cause being found. Once again there were fewer babies available for adoption.

A perusal of the health visitor records of all two-year-old children showed that 97% had received triple antigen, 95% poliomyelitis vaccine, and 83% measles vaccine. The age for routine vaccination against rubella has been lowered to 12 years. The number of travellers requiring yellow fever vaccination again increased.

This has been a very quiet year for the infectious diseases with no cases of diphtheria or poliomyelitis, only three notified cases of whooping cough and six of scarlet fever. Only 50 cases of measles were notified, the lowest number since the introduction of measles vaccination in 1965, and as two primary schools were mainly involved, it is intended to concentrate in future on the state of measles immunity of children on school entry. A short, sharp epidemic of influenza occurred in January, and at the end of the year a new strain of virus, A/Eng/42/72, was identified as the cause of a developing influenza epidemic.

The two cases of typhoid fever each contracted their infection abroad; one with a chloramphenicol resistant organism picked up in Mexico was particularly worrying as, for a time during convalescence, he was a urinary excretor. Returning travellers also accounted for three cases of malaria, six cases of salmonella infection and one patient with dysentery. Investigations were made into seven instances of suspected food poisoning but only two of these were confirmed by bacteriological examination. A suspected case of *Bacillus cereus* infection from fried rice in a Chinese restaurant led to an extensive investigation into this newly-recognised type of food poisoning. (In retrospect, two similar unrecognised cases occurred in 1970).

The diminishing incidence of infectious disease is demonstrated by the following notification figures for 1972 as compared with only twenty years ago:—

				1953	1972
Scarlet fever	..	..	..	136	6
Measles	..	..	..	2,376	50
Whooping cough	..	..	..	367	3
Poliomyelitis	..	..	..	6	0
Dysentery	..	..	..	79	16
Tuberculosis	..	..	..	119	42

The overall notification figure for tuberculosis was the second lowest recorded, cases of respiratory disease being the lowest number ever. Immigrants accounted for nearly half the new cases.

Seven families suffered from scabies and there was a small outbreak at a hospital. There was a slight increase in head louse infestation but a decrease in those found to have body lice, most of whom came from the Cyrenian or Church Army hostels.

There was much activity within the environmental health section concerning the control of pollution. The Deposit of Poisonous Waste Act, 1972, and the consequential Regulations imposed rigorous sanctions concerning removal and disposal of poisonous waste products. A survey of all waste ground brought to light two potentially dangerous accumulations of rubbish. The toxic waste disposal of large industrial premises, hospitals, university laboratories, and garages all pose individual problems.

Smoke Control Order No. 11 affecting the Cowley St. John area became operative on 1st October, and the necessary survey for Smoke Control Order No. 12 covering most of the East Oxford Local Plan Area (St. Clements and East Oxford) was completed. Two important applications made under the Clean Air Act, 1968, concerned chimney heights at the John Radcliffe Hospital and the British Leyland complex at Cowley. The serious paint fume problem from British Leyland at Cowley took up an increasing amount of Committee and staff time. In October, the outstanding Abatement Notice was withdrawn, to be replaced by a similar notice expiring in October, 1973, in order to allow more time for the completion of the second phase of the agreed programme estimated to cost £300,000.

There was an increase in the number of noise nuisance complaints, the most serious coming from the British Leyland complex, the Co-operative Dairy and from amplified equipment used at discotheques and dances. A noise survey of the City was undertaken towards the end of the year.

Approval was given for a new gipsy caravan site to be built at Slade Park and a warden has been appointed to supervise the present unsatisfactory site in the same area pending the completion of the new scheme in the summer of 1973.

There are now about 24 residential houseboats permanently moored on the river banks, plus a large number of casual moorings of pleasure craft during the summer months. The disposal of sewage and sullage water from these river boats leaves much to be desired, and there is a pressing need for a river sanitary station in the Oxford area.

Housing has been a topical subject partly as a result of the Housing Finance Act, 1972, and partly due to the acute shortage of accommodation in the City leading to homelessness and squatting. A registration scheme for houses in multiple occupation (estimated at 2,600) will come into operation on 1st April, 1973. The Jericho Rehabilitation Area has progressed very slowly and, towards the end of the year, it was agreed that the greater part of this area should be included in a General Improvement Area. Much thought and time has been spent on Local Plans with particular reference to East Oxford, South Oxford and North Oxford.

The sampling of milk, cream and ice-cream was increased, and generally satisfactory results were obtained. Early in the year, the Oxford and Swindon Co-operative Society converted the former meat products factory into a large modern dairy.

The inspection of food premises continues to have high priority and generally hygiene was found to be satisfactory. An electronic thermometer was purchased for testing the lower temperature ranges of deep-freeze cabinets. A successful prosecution for several serious contraventions of the Food Hygiene Regulations in one teashop led to the firm being fined a total of £450. In general, hospital and college kitchens are well-maintained and the good relationship between the public health inspectorate and the hospital and college authorities has continued. One serious point of criticism in the otherwise excellent kitchen facilities at the new John Radcliffe Hospital was the extensive network of ducting built into the kitchen floor, as the many removable covers giving access to the ducts soon became unhygienic. The number of food complaints increased and there were four successful prosecutions concerned respectively with glass in ground coffee, mouse droppings in crisps, wire in beef sausages and mouldy Danish pastry.

Your Medical Officer of Health has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all medical aspects of vaccination and immunisation. He has continued as Chairman of the Smallpox Vaccination Sub-Committee and as a member of the Measles Vaccination, Rubella Vaccination and B.C.G. Vaccination Sub-Committees. He has also continued to be a member of the Public Health Laboratory Service Board. He has continued as Chairman of the Isis Group Hospital Management Committee. He was elected as a Foundation Fellow of the newly-formed Faculty of Community Medicine of the Royal College of Physicians, whilst Drs. Peter Lawrence, Joan Gray and Paul Harker were each elected to Foundation

Membership. Your Medical Officer of Health was subsequently elected a Member of the Board of the Faculty of Community Medicine.

Much time and effort has been devoted by many members of staff to the necessary preparations for the reorganisation of both the local government and health services. At the beginning of the year, Oxford was one of a few areas requested to undertake the task of "testing the hypotheses" relative to the suggested new management structure for the health services. In July, Area Joint Liaison Committees were established throughout the country specifically to prepare the ground for the Shadow Area Health Authorities due to be appointed in the autumn of 1973. The Medical Officer of Health and City Treasurer were appointed to represent the City on the Oxfordshire Area Joint Liaison Committee and your Medical Officer of Health was elected Chairman.

Fortunately in such a busy year there were not many staff changes. Dr. Muir Gray returned to the department in June after obtaining his Diploma in Public Health at Bristol and was promoted to the vacant post of Senior Medical Officer. Dr. Elizabeth A. Greenhall was a most welcome addition when she joined the staff as a Departmental Medical Officer in May. Dr. Gillian Sleight left in September to spend a year in Australia with her husband, a Consultant Physician on sabbatical leave from the United Oxford Hospitals. Miss Wheeler joined the staff as an Assistant Health Education Officer and part-time health visitor, and has already been of great assistance.

The restructuring of the nursing service in accordance with the Mayston Report resulted in Miss E. P. Gilbertson being appointed Director of Nursing Services as from 1st April, with Miss G. M. Lawrence as Nursing Officer (Health Visiting), Miss D. B. Inness and subsequently Miss D. E. Reeve, as Nursing Officer (Midwifery) and Mrs. M. Angell as Nursing Officer (District Nursing). Miss P. Millar, Non-Medical Supervisor of Midwives, retired in April, and was followed, in July, by her close friend, Miss D. B. Inness who had been appointed to succeed her. These two midwives joined the Department in 1946 and have given sterling service throughout a difficult and changing period of time for the domiciliary midwifery service. In particular, they played a very important role in the launching and management of the General Practitioner Maternity Unit, and the undoubted success of this venture was in no small part due to the devoted efforts of Miss Millar and Miss Inness. In thanking them for their services, we wish them a long and happy retirement.

Early in 1973, the public health inspectorate moved from their premises in Pembroke Street to take over the old St. Ebbe's Rectory, which, in addition to being more suitable, also has the advantage of being adjacent to Greyfriars, the headquarters of the Health Department.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout a particularly busy year.

Finally, I should like to thank, most sincerely, the Chairman and Members of the Health Committee and my fellow Chief Officers for their help and encouragement at all times.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

OXFORD HEALTH DEPARTMENT 1872-1972

At a time when so much thought is being given to the future health service, it may be of some interest to take a glance backwards in the knowledge that Oxford's first Medical Officer of Health was appointed a hundred years ago. There have, in fact, only been four Medical Officers of Health of Oxford, namely:—

- 1872-1901 Alfred Winkfield, M.A.(Oxon.), F.R.C.S. Senior Surgeon, Radcliffe Infirmary, and part-time M.O.H.
- 1902-1929 Arthur Latham Ormerod, M.A.(Oxon.), M.D., F.R.C.P., D.P.H.
- 1930-1947 Geoffrey Commeline Williams, O.B.E., M.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H. Resigned to become first Senior Administrative Medical Officer to Oxford Regional Hospital Board.
- 1948- John Fairbairn Warin, O.B.E., M.A.(Oxon.), M.D., F.F.C.M., M.R.C.P., D.P.H.

Rather uniquely, the present holder of the post had the great pleasure of meeting both his immediate predecessors soon after taking up his appointment. He has also been in correspondence with Dr. C. F. Winkfield, now very nearly a centenarian, who is a nephew of the first Medical Officer of Health of Oxford.

Owing to the sparsity of information in the earlier Annual Reports, it is not possible to give more than the following limited statistical comparison throughout this period of a hundred years.

	1872	1897	1922	1947	1972
Population	31,211	53,200	53,448	103,210	110,630
Births per 1,000 population	30·9	21·7	15·96	18·36	12·7
Deaths per 1,000 population	19·7	17·4	14·37	14·51	9·8
Infant deaths per 1,000 births	141	136	59·8	29·55	20·0
Number of deaths from infectious disease (excluding tuberculosis)	93	80	59	17	5
Rate per 1,000 population	2·98	1·50	1·10	0·16	0·05

The most remarkable changes have been the very substantial reduction of the infant death rate, and the virtual disappearance of the infectious diseases as a cause of mortality.



HEALTH DEPARTMENT STAFF WITH OVER 25 YEARS SERVICE

SECTION I

A. COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Alderman BROMLEY*Vice-Chairman:* Councillor J. PARKER

Alderman Mrs. ANDREWS, M.B.E.	Councillor HOWARD-JOHNSON, M.A.
„ NIMMO	„ Mrs. CAMPBELL
„ WOODWARD	„ M. PARKER
	„ Mrs. SPOKES
	„ Mrs. YARDLEY
Mrs. M. HOUGHTON Representing the Oxford County and City Executive Council	
Mr. L. DAVIES Representing the United Oxford Hospitals	

GENERAL PURPOSES SUB-COMMITTEE

Alderman Mrs. ANDREWS	Councillor J. PARKER
„ BROMLEY	„ WALSH
„ NIMMO	
„ WOODWARD	

COWLEY INDUSTRIES SUB-COMMITTEE

Alderman BROMLEY	Councillor J. PARKER
„ NIMMO	„ M. PARKER
„ WOODWARD	„ Mrs. YARDLEY

Representatives of the Health Committee on City and County Joint Ambulance Committee

Alderman WOODWARD	Councillor J. PARKER
„ BROMLEY	„ Mrs. SPOKES
	„ Mr. L. DAVIES

Representatives of the Health Committee on Health Centres Joint Committee

Alderman BROMLEY
„ WOODWARD

HOUSING COMMITTEE

Chairman: Councillor WILLIAMSON, M.A.*Vice-Chairman:* Mrs. MCCARTHY

Alderman FAGG	Councillor BAKER
„ INGRAM	„ BLAGROVE
Councillor COOPER	„ Miss GRIFFITHS, M.A.
„ LIDDLE, B.A., B.Phil	„ OAKESHOTT
„ Mrs. SPOKES	„ TOWN

(b) HEALTH DEPARTMENT STAFF

Medical Officer of Health

J. F. WARIN, O.B.E., M.A.(Oxon), M.D., M.R.C.P., F.F.C.M., D.P.H.

Deputy Medical Officer of Health

E. P. LAWRENCE, M.A.(Cantab), M.B., B.Ch., M.F.C.M., D.P.H., D.T.M. & H.

Principal Medical Officer

JOAN GRAY, M.B., Ch.B., M.F.C.M., D.P.H.

Senior Medical Officers

P. HARKER, M.B., B.S., M.F.C.M., D.P.H.
J. A. MUIR GRAY, M.B., Ch.B., D.P.H. (promoted 12.6.72)

Departmental Medical Officers

CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)
GILLIAN SLEIGHT, M.B., B.S. (part-time)
PATIENCE CATHERINE BURN, M.B., B.S., D.C.H. (part-time)
ELIZABETH ANN GREENHALL, B.A., B.M., B.Ch., D.C.H. (commenced 1.5.72)

Principal Dental Officer

C. H. I. MILLAR, B.Sc., L.D.S.

Health Education Officer

D. F. LEWIS, D.L.C., D.H.E., M.R.S.H.

Chief Public Health Inspector

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (retired 2.1.72)
S. J. GARROD, (a) (b) (c) (promoted 3.1.72)

Deputy Chief Public Health Inspector

A. FENN, (a) (c) (commenced 3.1.72)

Senior Public Health Inspectors

P. F. ALLEN (a) (c) (e)
R. CROSSLEY (a) Housing
K. O. KEIGHLEY (a)
N. I. MASON (a) Housing
J. W. P. MULLARD (a)
J. G. SCOTT (a) (c) (d)

District Public Health Inspectors

K. R. DALTON (a) (Housing) (ceased 31.12.72)
I. P. GLISTER (a) (c)
I. F. KING (a) (e) (on full-time degree course)
D. J. TURNER (a)

Technical Assistants

J. A. WIRDNAM, City & Guilds Certificate, Member of Institute of Boilermakers
R. S. F. BRANCH, Construction Technicians Course-Building—Part I
D. C. MOORE, O.N.C. Building Construction

Pupil Public Health Inspectors

A. R. LONGFORD
C. WILKINSON
Vacant (1)

Pest Control Officer

G. A. WILLIAMSON

Pest Control Operators

A. G. BARNSLEY
R. A. BECKETT

(a) Public Health Inspector's Diploma, Public Health Inspector's Educational Board.

Including:—Sanitary Inspector's Certificate,
Sanitary Inspector's Joint Board
Public Health Inspector's Certificate,
Public Health Inspector's Joint Board.
Meat and Food Inspector's Certificate,
Royal Society of Health

(b) Sanitary Science Certificate, Royal Society of Health

(c) Smoke Inspector's Certificate, Royal Society of Health

(d) Testamur of Institute Public Cleaning

(e) Diploma in Municipal Administration

Director of Nursing Services (1.4.72)

Miss E. P. GILBERTSON (a) (c) (d)

Nursing Officer (Health Visiting) (1.4.72)

Miss G. M. LAWRENCE (a) (c) (d)

Senior Health Visitors

Miss J. BARNETT (a) (c) (d)

Miss N. CROOKALL (a) (d)

Health Visitors

Miss E. J. BLACKLER (a) (c) (d)

Miss J. M. BOWYER (a) (c) (d)

Mrs. L. M. CHESTER (a) (c) (d) (e)

Miss J. A. CLARKE (a) (c) (d)

Mrs. D. A. DOWLING (a) (d) (ceased 29.2.72)

Miss E. DUDSON (a) (c) (d) (e)

Miss B. A. ELLIS (a) (d) (e)

Miss E. J. FRAMPTON (a) (c) (d)

Miss E. N. GATLIFFE (a) (c) (d)

Miss D. M. KING (a) (c) (d) (e)

Miss H. RANKIN (a) (c) (d)

Miss B. J. M. ROBERTS (a) (c) (d)

Miss H. L. ROBINSON (a) (c) (d)

Miss D. R. TATTERSALL (a) (c) (d)

Mrs. S. H. CHINNOCK-JONES (a) (d) (ceased 8.11.72)

Mrs. N. P. WELCH (a) (d) (part-time)

Miss P. V. YOUNG (a) (c) (d)

Miss M. WITTEN-HANNAH (a) (d)

Mrs. B. C. A. HALLETT (a) (c) (d) (commenced 1.3.72)

Mrs P. M. HANCOCK (a) (d) (commenced 1.10.72)

Miss M. J. WHEELER, D.C.N., (a) (d) (e) (commenced 25.10.72)

*School Nurses: 5 (part-time)**Student Health Visitors: 1st year 6. 2nd year 6.**Non-Medical Supervisor of Midwives*

Miss P. MILLAR (a) (c) (retired 9.4.72)

Nursing Officer (Midwifery) (1.4.72)

Miss D. B. INNESS (a) (c) (retired 1.7.72)

Miss D. E. REEVE (a) (c) (promoted 18.9.72)

Senior District Midwife

Miss M. E. VINER (a) (c) (ceased 29.2.72)

Miss M. C. R. FISHER (a) (c) M.T.D. (promoted 1.3.72)

Midwives

Miss B. A. FALCONER (a) (c) (ceased 31.7.72)

Miss J. HEPWORTH (a) (c)

Miss C. HARVEY (a) (c) (ceased 12.11.72)

Miss J. K. HUSK (a) (c) (ceased 17.12.72)

Mrs. J. M. NORRIS (a) (c) (ceased 3.5.72)

Miss D. R. PADWICK (a) (c)

Miss V. A. STOLTON (a) (c)

Mrs. S. J. OAKEY (a) (c) (part-time)

Mrs. A. B. PARKINSON (a) (c) (part-time)

Mrs. B. C. WHEAL (b) (c) (in G.P. Unit) (ceased 9.5.72)

Miss P. K. DICKER (a) (c) (in G.P. Unit) (commenced 10.5.72)

Miss M. S. HOLE (a) (c) (commenced 2.10.72)

Mrs. P. B. M. MARTIN (a) (c) (commenced 1.6.72)

Mrs. D. E. M. MOLL (a) (c) (commenced 12.3.72)

Miss B. PEARSON (a) (c) (commenced 9.10.72)

Nursing Officer (District Nursing) (1.4.72)

Mrs. M. ANGELL (a) (e)

Senior District Nurses

Mrs. E. M. MOBEY (a) (c) (e)

Miss E. W. TURRILL (a) (e) (f)

Miss B. MOSS (a) (e)

District Nurses

Miss M. M. ASTIN (a) (d)

Miss C. M. BELCHER (a) (e)

Mrs. J. BEARN (*a*)
 Mrs. V. N. CARTER (*a*) (*c*) (*d*) (*e*)
 Miss J. S. COOK (*a*) (*e*)
 Mrs. B. E. COX (*a*)
 Mrs. S. D. DANCE (*a*) (*e*) (ceased 15.10.72)
 Mrs. D. L. GREAVES (*a*)
 Mrs. C. W. M. SHUKER (*a*) (*e*)
 Mrs. I. M. AMUZU (*b*)
 Mrs. E. M. MEDCRAFT (*b*) (*e*) (ceased 13.8.72)
 Mrs. D. M. MOORE (*b*)
 Mrs. B. E. MOSOLF (*b*)
 Miss B. M. PARKER (*a*) (*e*)
 Miss L. G. SCOTT (*a*) (*c*) (*e*) (ceased 26.11.72)
 Mrs. J. SMITH (*b*)
 Miss D. J. WALLBRIDGE (*a*) (*e*)
 Miss M. E. WATTS (*a*) (ceased 3.12.72)
 Mrs. N. M. WHEELER (*a*) (*c*) (*e*)
 Mrs. A. WILKINS (*a*) (*c*) (*e*) (ceased 23.7.72)
 Mrs. C. J. WOLLAM (*a*) (ceased 3.9.72)
 Miss R. A. AVERY (*a*) (*c*) (commenced 5.11.72)
 Miss B. J. EMES (*a*) (*c*) (commenced 20.11.72)
 Miss A. R. ST. JOHN (*a*) (commenced 20.11.72)
 Miss B. G. STONE (*b*) (commenced 17.12.72)
 Mrs. S. L. WYETH (*a*) (commenced 10.7.72)

Part-time District Nurses

Mrs. O. L. M. ALLINGTON (*a*)
 Mrs. J. BURDEN (*a*) (*e*)
 Mrs. V. HARRIS (*a*) (*c*)
 Mrs. A. MATCHETT (*a*)
 Mrs. A. M. FINNIGAN (*a*)
 Mrs. R. WILSON (*a*) (*c*)
 Mrs. J. BOOKER (*a*) (*b*) (*c*) (commenced 6.4.72)
 Mrs. H. E. MOORE (*a*) (commenced 21.8.72)
 Mrs. D. E. NICKLEN (*a*) (*c*) (*e*) (commenced 22.8.72)

Nursing Aides (Part-time)

Mrs. M. C. ANDREWS
 Mr. M. CLARKE (ceased 23.9.72)
 Mrs. E. STAFFORD
 Mrs. O. WEBSTER
 Mrs. S. HORSMAN
 Mrs. C. A. FROST
 Mrs. D. A. LIVINGSTONE
 Mrs. R. STOCKFORD (commenced 24.4.72)
 Mrs. S. HAYES (commenced 16.10.72)

Nurses & Midwives' Headquarters

Mrs. H. M. WARBURTON, Warden/Housekeeper
 Mrs. R. J. STROUD Clerk (part-time)
 Miss M. E. WOOD, Clerical Assistant
 Mrs. B. E. RUNIS, Telephonist

Health Centres

Blackbird Leys

Mrs. E. THOMSON, Senior Clerk/Receptionist
 Mrs. U. A. CLARKE, Clerk/Receptionist (part-time)
 Mrs. D. L. FOX, Clerk/Receptionist (part-time)
 Mrs. J. M. STONE, Clerk/Receptionist (part-time)

East Oxford

Mrs. A. MACDONALD, Senior Clerk/Receptionist
 Mrs. E. M. BERRY, Senior Clerk/Receptionist (part-time) (commenced 1.5.72)
 Mrs. M. E. M. STONE, Senior Clerk/Receptionist (part-time) (commenced 1.4.72)
 Mrs. C. STANDEN, Clerk/Receptionist
 Mrs. J. R. COLLINS, Clerk/Receptionist (commenced 1.5.72)
 Miss D. L. DAVIES, Clerk/Receptionist (commenced 1.5.72)
 Mrs. J. M. BAYCOCK, Clerk/Receptionist (part-time)
 Mrs. S. A. BRADBURY, Clerk/Receptionist (part-time)
 Mrs. P. M. BENNETT, Clerk/Receptionist (part-time) (commenced 30.10.72)
 Mrs. A. JONES, Clerk/Receptionist (part-time) (commenced 1.4.72)
 Mrs. D. M. FRANCIS, Surgery Nurse (*a*) (part-time)

Mrs. E. D. BURNHOPE, Surgery Nurse (a) (e) (part-time)
 Mrs. K. VINES, Surgery Nurse (a) (c) (part-time) (ceased 1.10.72)
 Mrs. M. T. ALLISON, Surgery Nurse (a) (c) (part-time) (commenced 31.10.72)
 Mrs. S. WARD, Nursing Auxilliary
 Mrs. M. B. BURDEN, Nursing Auxilliary

Summertown

Mrs. E. M. G. BALLANCE, Clerk/Receptionist (part-time) (ceased 29.11.72)
 Miss J. C. McLINTOCK, Clerk/Receptionist (ceased 9.11.72)
 Mrs. J. D. WHEELER, Senior Clerk/Receptionist
 Mrs. J. M. DAVIES, Clerk/Receptionist (part-time) (ceased 23.3.72)
 Mrs. L. A. STRANGE, Clerk/Receptionist (commenced 28.2.72) (ceased 3.12.72)
 Mrs. K. M. LUBBOCK, Clerk/Receptionist (part-time) (commenced 27.11.72)
 Mrs. J. F. MALTBY, Clerk/Receptionist (part-time) (commenced 11.12.72)
 Mrs. B. M. MORRISON, Clerk/Receptionist (commenced 5.6.72)
 Mrs. O. HODGKINS, Surgery Nurse (a) (part-time) (commenced 3.1.72)

Jericho

Mrs. V. M. COATES, Senior Clerk/Receptionist
 Mrs. M. A. KEDDIE, Senior Clerk/Receptionist
 Mrs. K. D. KEMPSON, Senior Clerk/Receptionist (part-time)
 Mrs. J. R. HUMPHRIES, Clerk/Receptionist (ceased 13.7.72)
 Mrs. M. ALLEN, Clerk/Receptionist
 Miss S. P. OSTICK, Clerk/Receptionist
 Mrs. I. CRIPPS, Clerk/Receptionist (part-time) (ceased 30.4.72)
 Mrs. S. E. CLARKE, Clerk/Receptionist (part-time) (commenced 31.7.72)
 Mrs. E. J. DAVIDSON, Clerk/Receptionist (part-time) (commenced 16.8.72)
 Mrs. J. C. BUTLER, Surgery Nurse (a) (e) (part-time)
 Mrs. F. M. S. ROPER, Surgery Nurse (a) (e) (part-time)
 Mrs. W. A. COTTON, Surgery Nurse (a) (c) (part-time) (commenced 31.7.72)

- (a) State Registered Nurse
- (b) State Enrolled Nurse
- (c) State Certified Midwife
- (d) Health Visitors Certificate
- (e) District Nurse
- (f) Nursing Certificate

Chief Chiropodist

F. W. WHATMORE, M.C.S.P., L.P.M.E., M.Ch.S.

Senior Chiropodists

Mrs. F. LYON, M.Ch.S.
 Miss E. J. COOK, M.Ch.S. (commenced 30.5.72)

Occupational Therapists

Miss J. A. GOULD, S.R.O.T., Head Occupational Therapist
 Mrs. R. DEACON, S.R.O.T., Senior Occupational Therapist (ceased 28.5.72)
 Miss W. E. HILL, S.R.O.T., Senior Occupational Therapist (ceased 29.2.72)
 Mrs. R. R. MACKENNA, S.R.O.T., Senior Occupational Therapist
 (commenced 8.5.72)
 Mrs. E. K. WEBSTER, Senior Occupational Therapist (commenced 28.2.72)

Family Planning Organiser

Miss M. M. BAXENDALE
 Mrs. J. RAWLINGS (part-time) (commenced 17.4.72)

Administration

N. M. BAIRD, D.M.A., Chief Administrative Assistant
 T. D. THOMSON, Senior Administrative Assistant
 W. J. GIBBS, Administrative Assistant (Finance)
 H. C. BEEDLE, Administrative Assistant (Public Health Inspectors)
 Miss M. V. CRABB, Medical Officer of Health's Secretary
 Mrs. J. A. TAYLOR, Chief Public Health Inspector's Typist/Secretary
 Mrs. S. BOARDMAN, Clerical Assistant
 Miss I. STONE, Clerical Assistant
 Miss M. K. WELCH, Shorthand Typist (Public Health Inspectors)
 Mrs. D. DEVONPORT, Shorthand Typist (part-time)
 Mrs. M. PETERS, Shorthand Typist (ceased 4.6.72)
 Miss C. E. A. DENT, Shorthand Typist (commenced 31.7.72)
 Mrs. K. J. ROE, Shorthand Typist (commenced 1.4.72)
 Mrs. S. D. HALLETT, Shorthand Typist
 Mrs. D. L. GARROD, Clerical Assistant (commenced 14.8.72)

Mrs. B. A. BELCHER, Clerical Assistant (commenced 10.1.72)
 Mrs. S. D. CLEMENTS, Clerical Assistant
 Miss A. J. CLUTTERBUCK, Clerical Assistant
 Miss H. SPIRA, Clerical Assistant (commenced 1.4.72) (ceased 13.8.72)
 R. P. WHITE, Telephone Operator

Clerks

Mrs. B. E. BARDEN
 Miss L. M. GARRETT (ceased 16.4.72)
 Miss E. MORGAN
 Mrs. G. A. BULL (part-time)
 Mrs. G. HAGAN (part-time)
 Miss E. M. RICE (ceased 19.3.72)
 Mrs. S. E. BRIGGS (Public Health Inspectors)
 Miss S. M. HUTT (Public Health Inspectors) (ceased 8.9.72)
 Mrs. R. GRAY (Occupational Therapy (part-time) (commenced 7.2.72)
 Mrs. R. K. FIELD, Clerk/Receptionist (Public Health Inspectors) (commenced 4.9.72)
 Miss A. McKEVER (commenced 4.4.72)
 Mrs. J. D. PARSLOE (part-time) (commenced 29.11.72)
 Mrs. J. M. PURVES (commenced 10.1.72)
 Mrs. M. D. STACEY (commenced 26.6.72)
 Mrs. P. LEWIS (part-time) (commenced 8.5.72) (ceased 31.10.72)

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		<i>Tel. No. Oxford</i>
Headquarters	Greyfriars, Paradise Street	47212
Public Health Inspectors	The Old Rectory, Paradise Square	49811
District Nurses' & Midwives Headquarters and Hostel	East Oxford Health Centre, Cowley Road	40153
Blackbird Leys Health Centre	Blackbird Leys Road, Blackbird Leys	778244
	<i>Main Surgery</i>	
	Dr. Thomas Partnership	
	Dr. Laurie	
	<i>Branch Surgery</i>	
	Dr. Black	
	Dr. Shapland	
	Dr. N. Lawrence	
	Dr. Dunnill	
	Dr. S. James	
Donnington Clinic	Henley Avenue—	777203
	Dr. Seaver Partnership	771313
East Oxford Health Centre	Cowley Road—	40153
	Dr. Neill Partnership	42334
	Dr. N. Lawrence Partnership	42109
	Dr. Stringfellow Partnership	43050
Jericho Health Centre	Cranham Street—	52971
	Dr. Fraser Partnership	
	Dr. S. James Partnership	
	Dr. Barrett	
Northway Health Centre	Maltfield Road—	61068
	<i>Branch Surgery</i>	
	Dr. Dismorr	
	Dr. Kirkham	
	Dr. Kenworthy-Browne	
South Oxford Health Centre	Lake Street—	47996
	<i>Branch Surgery</i>	
	Dr. Strode	
	Dr. E. James	
Summertown Health Centre	160 Banbury Road—	57347
	Dr. Davies Partnership	
West Oxford Health Centre	Binsey Lane—	46496
	<i>Branch Surgery</i>	
	Dr. Bedford	46495
Wood Farm Health Centre	5th Avenue, Slade Park—	63593
	<i>Branch Surgery</i>	
	Dr. Balassa	63594
	Dr. Turner	
	Dr. Hussain	
	Dr. Sherliker	
Domiciliary Occupational Therapy	12 Woodstock Road	52308
Ambulance Headquarters	Churchill Drive, Old Headington	61336

(d) CLINICS

Clinics were held as follows:—

1. *Child Health*

British Legion Hall, Hadow Road, New Marston	2nd & 4th Wed. in month	2.30–3.30 p.m.
Bury Knowle Health Clinic, Old High Street, Headington	*Tuesday Thursday *Friday (1st & 3rd in month)	2–4 p.m. 2–4 p.m. 2–3 p.m.
Church Hall, Bayswater Road, Headington	Wednesday	2–4 p.m.
St. Barnabas Health Clinic, Albert Street	Monday (2nd & 4th in month) *Wednesday	2–4 p.m. 2–4 p.m.
Health Centre, South Oxford, Lake Street, Hinksey	*Tuesday Friday (2nd & 4th in month)	2–4 p.m. 2–4 p.m.
Northway Health Clinic, Maltfield Road, Northway Estate	Thursday (1st & 3rd in month)	2–4 p.m.
South Parade Health Clinic, South Parade, Summertown	Tuesday Thursday	2–4 p.m. 10–12 noon
Temple Cowley Health Clinic, Temple Road, Cowley	Monday *Tuesday *Wednesday	2–4 p.m. 2–4 p.m. 9–10 a.m.
Community Centre, The Oval, Rose Hill	Thursday	2–4 p.m.
Donnington Health Clinic, Henley Avenue	Wednesday *Friday	2.30–3.30 p.m. 2.30–3.30 p.m.
Health Centre, Blackbird Leys Road (Commenced 8.5.72) (Closed 31.10.72)	*Monday Tuesday Wednesday *Wednesday *Thursday	3–4 p.m. 2–4 p.m. 2–4 p.m. 10–11 a.m. 2–4 p.m.
Health Centre, East Oxford, Cowley Road	Monday *Tuesday *Thursday *Friday	2–4 p.m. 2–4 p.m. 2.30–3.30 p.m. 2–4 p.m.
Health Centre, Summertown, 160 Banbury Road	*Tuesday	2–4 p.m.
Health Centre, West Oxford, Binsey Lane	Tuesday (1st & 3rd in month)	2–4 p.m.
Health Centre, Wood Farm, 5th Avenue, Slade Park	Friday	2–4 p.m.
Village Hall, Wolvercote	Thursday	2.30–3.30 p.m.
Surgery Premises, 12 Old High Street, Headington	*Wednesday	2–3 p.m.
Surgery Premises, 288 Iffley Road	*Monday (2nd & 4th in month)	2–4 p.m.

*General Practice Clinic.

2. *Immunisation and Vaccination*

Yellow Fever, Greyfriars, Paradise Street	Tuesday (By Appointment)	2 p.m.
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3. *Dental*

East Oxford Health Centre, Cowley Road	(By Appointment)
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4. *Cervical Cytology*

Bury Knowle Health Clinic, Old High Street, Headington	Friday Wednesday	10.30–12.15 p.m. 2.00–3.45 p.m.
East Oxford Health Centre, Cowley Road	Tuesday	9.30–11.45 a.m.
Health Department, Greyfriars, Paradise Street	Wednesday	9.30–11.45 a.m.
South Parade Health Clinic, South Parade, Summertown	Monday Thursday	2.00–3.45 p.m. 2.00–3.45 p.m.
All Clinics by appointment only		

5. *Family Planning*

Blackbird Leys Health Centre
 Temple Cowley Health Clinic, Temple Road

East Oxford Health Centre, Cowley Road

Bury Knowle Health Clinic,
 Old High Street, Headington
 South Parade Health Clinic,
 South Parade, Summertown

St. Barnabas Health Clinic, Albert Street

Wood Farm Health Centre,
 Fifth Avenue, Slade Park
 Rose Hill Community Centre

Young Peoples' Advisory Service

East Oxford Health Centre, Cowley Road

South Parade Health Clinic,
 South Parade, Summertown

Wednesday 5.30–7.30 p.m.

Wednesday 1.30–3.30 p.m.
 (By Appointment)

Monday 5.30–7.30 p.m.
 (By Appointment)

Thursday 9.30–11.30 a.m.
 (By Appointment)

Wednesday 9.30–11.30 a.m.
 & Friday
 (By Appointment)

Tuesday 1–3 p.m.
 3.30–5.30 p.m.
 6–8 p.m.

(By Appointment)

Tuesday 10–12 noon
 (By Appointment)

Monday 10–12 noon
 (By Appointment)

Thursday 5.30–7.30 p.m.
 (By Appointment)

Wednesday 7–9 p.m.
 (By Appointment)

SECTION II

STATISTICS

Report prepared by N. M. BAIRD, D.M.A.,
Chief Administrative Assistant

Area of City	3,555 hectares
Population (estimated mid year 1972)	111,680
Number of inhabited houses at 31.3.72	32,150
Rateable value of City at 31.3.72	£7,426,884
Product of 1p rate for 1971/72	£72,304

The cost of Health Committee Services for 1971/72:—

	<i>Gross</i>	<i>Net</i>
	£	£
(i) Environmental Health	74,763	72,361
(ii) Local Health	363,279	261,768
	<hr/>	<hr/>
	£438,042	£334,129
	<hr/>	<hr/>

In addition to the above, the City Council's share of the net expenditure of the City and County Joint Ambulance Committee in 1971/72 was £105,010.

	<i>City of Oxford</i>	<i>England</i>	
	<i>Average and Wales</i>		
	1972	1962–71	1972
Live births:—			
Number	1,447		725,405
Rate per 1,000 population (recorded) ..	13.0	15.14	14.8
Rate per 1,000 population (as adjusted by comparability factor 0.88)	11.4		14.8
Illegitimate live births per cent of total live births			
	10.0	11.45	9.0
Stillbirths:—			
Number	26		8,794
Rate per 1,000 total live and stillbirths ..	18.0	10.39	12.0
Total live and stillbirths	1,473		734,199
Infant deaths (deaths under 1 year) ..	22		12,494
Infant mortality rates:—			
Total infant deaths per 1,000 live births ..	15.0	17.10	17.0
Legitimate infant deaths per 1,000 legitimate live births	15.0	16.38	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	13.0	22.44	21.0

Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births) ..	9.0	11.49	12.0
Early neonatal mortality rate (deaths under 1 week per 1,000 total live births)	8.0	10.29	10.0
Perinatal mortality rate (stillbirths and deaths under 1 week per 1,000 total live and stillbirths)	26.0	20.41	22.0
Maternal mortality (including abortion)			
Number of deaths	1		
Rate per 1,000 total live and stillbirths ..	0.68	0.42	
Death rate per 1,000 population (recorded)	10.1	10.31	12.1
Death rate per 1,000 population (as adjusted by comparability factor 0.91)	9.2		12.1

City of Oxford
Average

1972 1962-71

Death rate per 1,000 population from:—

(a) Diseases of the heart and circulatory system	5.15	4.15
(b) Cancer (all forms)	1.88	2.00
(c) Influenza, Pneumonia, Bronchitis, and other diseases of the respiratory system	1.79	1.46
(d) Tuberculosis (all forms)	0.03	0.04
(e) Violence (Including suicides)	0.37	0.51

(a) BIRTHS

Of the 4,870 notified live births 1,400 were Oxford residents and 47 births to Oxford residents occurred outside the City, making a total of 1,447 births allocated to the City. Of these 1,296 were legitimate (688 male, 608 female) and 151 were illegitimate (75 male, 76 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) Registered Births

Total live births:—

Male	..	..	..	2,547
Female	..	..	..	2,323
				4,870

(Illegitimate 345)

	Resident		Non-resident	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	278	9	1,141	15
Born in Churchill Hospital ..	286	4	709	5
Born in General Practitioner Maternity Unit (Churchill Hospital)	189	—	133	—
Born in John Radcliffe Hospital (including G.P. Beds)	587	12	1,486	13
Born in private houses	60	1	1	—
	1,400	26	3,470	33

(b) Notified Births

Resident		Non-resident	
Live births	Still-births	Live births	Still-births
1,447	26	3,441	32

CLASSIFICATION OF THE CAUSES OF DEATH

The table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,129 deaths (1,150 in 1971) 575 were male and 554 female.

Three deaths were directly attributable to tuberculosis of the respiratory system, one of which was a man aged 84 and the other two, women aged 74 and 82.

There was an increase of deaths in the respiratory diseases group, probably due to epidemics of influenza at the beginning and end of the year.

Deaths from cancer (all sites) numbered 207 compared with 221 in 1971. Deaths from cancer of the lung and bronchus numbered 56 (44 male and 12 female), one more than last year.

One maternal death occurred.

Causes of death at different periods of Life in the City of Oxford during 1972

(Table of Registrar General)

Causes of Death	All ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Enteritis & other Diarrhoeal Diseases	1	—	1	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	3	—	—	—	—	—	—	—	—	—	1	2
Other infective and parasitic diseases	2	—	1	—	—	—	—	—	—	—	—	1
(1) Malignant neoplasm, buccal cavity etc. ...	4	—	—	—	—	—	—	—	—	—	2	2
(2) Malignant neoplasm, oesophagus	5	—	—	—	—	—	—	—	1	1	3	—
(3) Malignant neoplasm, stomach ...	15	—	—	—	—	—	—	—	2	2	3	8
(4) Malignant neoplasm, intestine ...	31	—	—	—	—	—	—	—	3	7	5	16
(6) Malignant neoplasm, lung, bronchus	56	—	—	—	—	—	1	1	4	16	29	5
(7) Malignant neoplasm, breast ...	13	—	—	—	—	—	—	2	—	1	1	9
(8) Malignant neoplasm, uterus ...	8	—	—	—	—	—	—	—	2	2	4	—
(9) Malignant neoplasm, prostate ...	8	—	—	—	—	—	—	—	2	1	2	5
(10) Leukaemia ...	11	—	—	—	1	1	—	—	1	1	3	4
(11) Other malignant neoplasms ...	56	—	—	—	—	—	2	3	11	16	14	10
Benign and unspecified neoplasms	4	—	—	—	1	—	—	1	—	—	2	—
Diabetes mellitus ...	4	—	—	—	—	—	—	—	2	1	1	—
(1) Other endocrine etc. diseases ...	3	—	—	—	—	—	1	—	—	—	1	2
Anaemias ...	2	—	—	—	—	—	—	1	—	—	—	1
(3) Mental Disorders ...	2	—	—	—	—	—	—	—	1	—	1	—
(4) Multiple sclerosis ...	2	—	—	—	—	—	—	—	—	—	—	—
(5) Other diseases of nervous system	13	—	1	—	—	—	1	1	2	3	1	4
Chronic rheumatic heart disease	10	—	—	—	—	—	—	—	—	2	5	3
Hypertensive disease ...	16	—	—	—	—	—	—	—	—	2	5	9
Ischaemic heart disease ...	321	—	—	—	—	—	4	11	58	90	158	18
Other forms of heart disease ...	31	—	—	—	—	1	2	1	3	6	18	89
Cerebro-vascular disease ...	142	1	—	—	—	—	1	6	11	34	29	103
(6) Other diseases of circulatory system	47	—	—	—	—	1	—	1	3	13	2	23
Influenza ...	2	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	141	—	—	—	—	—	—	—	8	30	103	23
(1) Bronchitis and emphysema ...	44	—	—	—	—	—	—	1	1	7	12	—
(2) Asthma ...	2	—	—	—	—	—	—	—	1	—	4	4
(7) Other diseases of respiratory system	10	—	1	—	—	—	—	1	1	1	3	7
Peptic ulcer ...	12	—	—	—	—	—	—	—	—	—	—	—
Appendicitis ...	1	—	—	1	—	—	—	—	—	—	—	—
Intestinal obstruction and hernia	3	—	1	—	—	—	—	—	—	—	1	1
Cirrhosis of liver ...	4	—	—	—	—	—	—	—	1	—	2	1
(8) Other diseases of digestive system	14	1	—	—	—	—	—	2	—	1	1	9
Nephritis and nephrosis ...	6	—	—	—	—	—	1	—	—	—	3	2
Hyperplasia of prostate ...	2	—	—	—	—	—	—	—	—	—	1	1
(9) Other diseases, genito-urinary system ...	9	—	—	—	—	—	—	1	—	—	5	3
(10) Diseases of skin, subcutaneous tissue ...	1	—	—	—	—	—	—	—	—	—	—	1
(11) Diseases of musculo-skeletal system	1	—	—	—	—	—	—	—	—	1	—	—
Congenital anomalies ...	14	5	3	4	—	1	—	—	—	—	1	—
Birth injury, difficult labour, etc.	3	3	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	3	3	—	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions	2	—	1	—	—	—	—	—	—	—	—	1
#7 Motor vehicle accidents ...	18	—	—	—	—	5	1	1	2	2	2	5
#8 All other accidents ...	18	—	—	—	1	2	2	1	—	3	—	9
#9 Suicide and self-inflicted injuries	5	—	—	—	—	—	2	—	2	1	—	—
50 All other external causes ...	4	—	—	—	—	1	—	1	—	1	1	—

The deaths of Oxford residents registered away from Oxford are included, and the deaths of non-residents registered in Oxford are excluded from the Oxford deaths.

Births and deaths in the City, 1923—1972

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncorrected No.	Net		No. Rate		of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1,000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.0
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	10.0
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	10.0
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	10.0
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	10.0
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.0
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	10.0
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.0
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.0
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.0
1933	83,410	1460	1140	13.67	1086	13.03	220	59	37	32.46	925	10.0
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.0
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.0
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.0
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.0
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	10.0
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	10.0
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	10.0
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.0
1942	104,600	3124	1615	15.41	1480	14.51	519	59	54	33.5	1020	10.0
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.0
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	10.0
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.0
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.0
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.0
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	10.0
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.0
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	10.0
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.0
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	10.0
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.0
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	10.0
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	10.0
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.0
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	10.0
	† 104,230											
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.0
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.0
1960	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.0
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.0
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.92	1162	10.0
1963	107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.0
1964	108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.0
1965	109,320	4553	1805	16.51	1994	18.24	1000	55	31	17.71	1049	10.0
1966	109,510	4636	1723	15.73	1988	18.15	934	51	28	16.25	1105	10.0
1967	109,350	4686	1687	15.43	1915	17.51	918	61	25	14.82	1058	10.0
1968	110,050	4742	1560	14.17	2088	18.97	973	75	21	13.46	1190	10.0
1969	109,720	4630	1523	13.9	2156	19.65	1062	61	32	21.0	1155	10.0
1970	109,330	4762	1384	12.7	2128	19.37	1036	56	26	19.0	1148	10.0
1971	110,630	4763	1407	12.7	2176	19.67	1091	60	28	20.0	1150	10.0
1972	111,680	4870	1447	13.0	2196	19.66	1119	53	22	15.20	1129	10.0

*Population birth rate.

City Extended 1st April, 1929.

†Population birth and death rates.

City Extended 1st April, 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

Residents who died in Institutions in Oxford

	1972
United Oxford Hospitals	616
Oxford Regional Hospital Board Group	9
Nursing Homes and other Institutions	44
Old People's Homes (Local Health Authority)	77
Old People's Homes (Private)	6
	<hr/>
	*752

*=32.4% of total deaths.

Residents who Died away from Oxford

	1972
Regional Hospital Board Group	20
Nursing Homes and other Institutions	15
Private Houses	6
Accidents, etc.	12
	<hr/>
	53

Non-residents who Died in Oxford

	1972
United Oxford Hospitals Group	1,014
Oxford Regional Hospital Board Group	17
Nursing Homes and other Institutions	12
Private Houses	4
Accidents, etc.	72
	<hr/>
	1,119
	<hr/>

AGE AND SEX DISTRIBUTION OF CANCER DEATHS

	All ages	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Male ..	114	—	—	—	1	—	2	4	12	27	46	22
Female ..	93	—	—	—	—	1	1	2	12	20	20	37
	207	—	—	—	1	1	3	6	24	47	66	59

Analysis of deaths from cancer according to the site of the disease:—

Male

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Buccal cavity and pharynx ..	—	—	—	—	—	—	—	—	—	1	—
Oesophagus ..	—	—	—	—	—	—	—	1	1	2	—
Stomach ..	—	—	—	—	—	—	—	1	2	3	3
Intestine ..	—	—	—	—	—	—	—	1	2	2	7
Breast ..	—	—	—	—	—	—	—	—	—	—	1
Lung, bronchus ..	—	—	—	—	—	—	1	3	13	26	1
Prostate ..	—	—	—	—	—	—	—	—	1	2	5
Leukaemia ..	—	—	—	1	—	—	—	1	—	1	1
Other sites ..	—	—	—	—	—	2	3	5	8	9	4
	—	—	—	1	—	2	4	12	27	46	22

Female

	Under 4 weeks	4 wks. & under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Buccal cavity and pharynx ..	—	—	—	—	—	—	—	—	—	1	2
Oesophagus ..	—	—	—	—	—	—	—	—	—	1	—
Stomach ..	—	—	—	—	—	—	—	1	—	—	5
Intestine ..	—	—	—	—	—	—	—	2	5	3	9
Lung, bronchus ..	—	—	—	—	—	1	—	1	3	3	4
Breast ..	—	—	—	—	—	—	2	—	1	1	8
Uterus ..	—	—	—	—	—	—	—	2	2	4	—
Leukaemia ..	—	—	—	—	1	—	—	—	1	2	3
Other sites ..	—	—	—	—	—	—	—	6	8	5	6
	—	—	—	—	1	1	2	12	20	20	37

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1961	1962	1963	1964	1965	1966	1967	1968	1969*	1970	1971	1972
Buccal cavity and pharynx—												
Male ..	—	—	—	—	—	—	—	—	1	2	3	1
Female ..	—	—	—	—	—	—	—	—	—	—	1	3
Oesophagus—												
Male ..	—	—	—	—	—	—	—	—	2	2	3	4
Female ..	—	—	—	—	—	—	—	—	2	3	2	1
Stomach—												
Male ..	21	13	17	16	10	8	17	16	14	12	13	9
Female ..	12	15	18	13	8	9	7	8	13	10	4	6
Intestine—												
Male ..	—	—	—	—	—	—	—	—	16	18	17	12
Female ..	—	—	—	—	—	—	—	—	28	23	20	19
Larynx—												
Male ..	—	—	—	—	—	—	—	—	2	1	2	—
Female ..	—	—	—	—	—	—	—	—	—	—	—	—
Lung, bronchus—												
Male ..	44	53	37	44	39	45	48	46	49	45	43	44
Female ..	11	9	8	18	13	12	12	6	8	7	12	12
Breast ..	27	21	22	21	12	19	27	20	28	24	16	13
Uterus ..	4	5	8	5	7	7	11	5	7	4	6	8
Prostate ..	—	—	—	—	—	—	—	—	3	13	10	8
Leukaemia—												
Male ..	—	—	—	—	—	—	—	—	—	—	—	4
Female ..	—	—	—	—	—	—	—	—	—	—	—	7
Other sites—												
Male ..	48	60	52	52	49	57	76	50	27	37	27	31
Female ..	47	48	42	51	56	60	51	52	33	37	42	25
	214	224	204	220	194	217	249	203	233	238	221	207

*Additional headings have been included to improve comparability with annual statistics published by the Registrar General.

AGE AND SEX DISTRIBUTION OF DISEASES OF HEART AND CIRCULATORY SYSTEM

	All ages	Under 4 weeks	4 weeks and under 1 year	1–	5–	15–	25–	35–	45–	55–	65–	75–
Male	278	—	—	—	—	—	—	5	11	58	96	108
Female	289	1	—	—	—	1	1	2	8	21	57	198
	567	1	—	—	—	1	1	7	19	79	153	306

Analysis of deaths from diseases of heart and circulatory system—

Male

	Under 4 weeks	4 weeks and under 1 year	1--	5--	15--	25--	35--	45--	55--	65--	75--
Coronary or ischaemic heart disease	—	—	—	—	—	—	3	7	47	61	71
Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	1	2	—
Hypertensive disease	—	—	—	—	—	—	—	—	2	3	1
Other forms of heart disease	—	—	—	—	—	—	1	1	2	2	3
Cerebro-vascular disease	—	—	—	—	—	—	1	2	5	23	25
Other diseases of circulatory system	—	—	—	—	—	—	—	1	1	5	8
	—	—	—	—	—	—	5	11	58	96	108

Female

	Under 4 weeks	4 weeks and under 1 year	1--	5--	15--	25--	35--	45--	55--	65--	75--
Coronary or ischaemic heart disease	—	—	—	—	—	—	1	4	11	29	87
Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	1	3	3
Hypertensive disease	—	—	—	—	—	—	—	—	—	2	8
Other forms of heart disease	—	—	—	—	—	1	1	—	1	4	15
Cerebro-vascular disease	1	—	—	—	—	—	—	4	6	11	64
Other diseases of circulatory system	—	—	—	—	1	—	—	—	2	8	21
	1	—	—	—	1	1	2	8	21	57	198

The following table shows the deaths from diseases of the heart and circulatory system under various headings for the last twelve years:—

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Coronary or ischaemic heart disease—												
Male	118	120	139	130	155	161	135	185	151	173	162	189
Female	100	111	107	90	121	127	101	160	136	124	129	132
Chronic rheumatic heart disease—												
Male	—	—	—	—	—	—	—	6	6	4	4	3
Female	—	—	—	—	—	—	—	6	13	6	8	7
Hypertensive disease—												
Male	2	6	8	11	2	—	5	7	7	5	4	6
Female	9	6	11	12	2	5	3	5	9	2	5	10
Other forms of heart disease—												
Male	34	38	25	27	33	26	25	21	19	11	12	9
Female	62	69	70	44	44	41	55	24	12	25	27	22
Cerebro-vascular disease—												
Male	54	69	42	53	36	40	44	61	40	49	57	56
Female	83	103	82	87	66	68	76	94	99	98	99	86
Other diseases of circulatory system—												
Male	17	23	30	18	18	17	18	22	22	24	23	15
Female	23	15	34	32	40	29	21	30	31	29	45	32
	502	560	548	504	517	514	483	621	545	550	575	567

SECTION III

HEALTH CENTRES

Report by Dr. E. P. LAWRENCE, Deputy Medical Officer of Health:

This year there has been little change in the buildings, but a considerable change in the use of health centres by medical staff. It was hoped that Donnington Health Centre would be built by the end of the year, but this was not to be, and the stage of accepting a tender for the project was only reached in February 1973. A trainee administrator who became available in August for health centre purposes has already made an impact on the work that needs doing. All our hopes of maintaining health centres in a reasonable condition have however been thwarted by the sheer overload of work within the City Estates Department with the resultant difficulty of getting maintenance work or redecoration carried out according to any sort of planned timetable.

A few social workers have been meeting general practitioners regularly at health centres or surgery premises and this is much valued and could be extended with benefit.

The treatment rooms continue to cater for an increasing amount of work. A total of 21,860 treatments were carried out whilst 10,256 new patients were seen by the surgery nurses.

There have been remarkably few visitors this year as compared with previous years and this has been a somewhat welcome relief.

Existing Health Centres

(1) *Blackbird Leys* (Opened 1960, extended 1965)

This health centre serves a population of about 10,000, most being residents of a new housing estate. There has been a considerable change-over of medical staff and there are now two practices working full time from the health centre, whilst representatives of three other practices attend part time. There are four surgeries but no examination rooms. Plans have been made to improve the treatment room so that the district nurse can work in better surroundings. Social workers attend weekly and there is an office for three attached health visitors.

(2) *East Oxford* (Opened 1967, extended 1971)

Last year's adaptation and increase of accommodation has proved very successful. Ten doctors now practise from this health centre, serving about 23,000 patients. There are seven surgeries, four examination rooms and three health visitors' offices. Each of the three practices has its own waiting room and receptionists' office and there is a common treatment room serving all three practices. The work carried out by the doctors and surgery nurses over the past five years is shown in the following table:—

**East Oxford Health Centre Treatment Room
Minor Operations**

	1968	1969	1970	1971	1972
Drainage of abscesses	27	22	33	39	43
Incision of septic fingers, paronychia	10	12	16	16	17
Ingrowing toe nails	9	14	14	11	15
Excision of warts and verrucas ..	48	97	112	109	115
Excision of sebaceous cysts	13	14	14	34	23
Lacerations—toilet and suture ..	1	9	8	15	22
Intra uterine contraceptive devices ..	27	38	34	77	120
Injection of varicose veins	—	—	—	34	43
Other procedures	15	17	32	40	111
Total	150	223	263	375	509
Operations under local anaesthetic ..	35	71	81	139	197
Operations under general anaesthetic	87	113	145	114	139

In addition, surgery nurses carried out the work shown in the following table:

	1970	1971	1972
Injections	2,877	3,167	3,762
Dressings	2,000	2,675	3,784
Ear, nose and throat	509	540	612
Orthopaedic	201	341	673
Ophthalmic	60	71	69
Others	50	118	195
Total treatments	5,697	6,912	9,095
Total new patients	3,072	3,419	4,168

(3) Summertown (Opened 1967)

Five doctors provide services for about 10,000 patients from this health centre, which is a converted private house. During the year one of the two health visitors' rooms was adapted to provide a fifth much needed surgery. Plans are under way to convert an old bathroom into a staff room. The part-time surgery nurse has been fully occupied in the treatment room and the following table shows the work she has carried out:—

Injections	1,622
Dressings	973
Ear, nose and throat	276
Orthopaedic	77
Ophthalmic	24

Others	..	..	..	..	..	287
Total treatments	..	..	..	..	..	3,259
Total new patients		..	..	..	..	1,409

(4) *West Oxford* (Opened 1969)

This small, purpose-built extension to the Community Association building has continued to function very successfully and provides a branch surgery for one practice as well as local authority clinics. The practice health visitor is based at this health centre.

(5) *Wood Farm* (Opened 1969)

This building now provides branch surgery facilities for one practice and main surgery facilities for a second practice of two doctors. There are also local authority child health and chiropody clinics and a daily play group. The building serves as headquarters for the practice health visitor. There are two surgeries and an examination room as well as health visitor's office, waiting room and large clinic space.

(6) *Northway* (Opened 1955, designated a health centre 1971)

This building continues to be used by two practices as a branch surgery as well as providing local authority clinic facilities. Refurnishing has not yet been carried out.

(7) *South Oxford* (Opened 1966, designated a health centre 1971)

This building, a very successful adaptation and extension of former slipper baths, provides accommodation for local authority clinics, a general practitioner branch surgery, the practice health visitor and an active voluntary association play group for the mentally handicapped. It is hoped that if funds can be obtained from voluntary sources part of the adjacent park can be fenced in to make a safe outside play area for the play group.

(8) *Jericho* (Opened June 1971)

This centre has settled down very well and is functioning admirably. The one remaining problem is that of noise between the reception office and the waiting room, but it is hoped shortly to provide a screen which will allow adequate communication along with some privacy for the reception office staff. The centre provides main surgery facilities for eight doctors in three practices and caters for about 14,000 patients. There are six general practitioner surgery suites with a common waiting room, reception and office facilities. There is a very busy treatment room, separate rooms for health visitors and social workers and a staff room. The automatic telephone exchange has now been connected to the Radcliffe Infirmary switchboard, which facilitates easy communication between hospital and general practice.

The staffroom continues to be a success and is used by all members of staff. The work carried out in the treatment room is as follows:—

Injections	..	..	..	..	..	3,631
Dressings	..	..	..	..	..	2,555
Ear, nose and throat	..	..	..	..	..	764
Orthopaedic	..	..	..	..	..	689
Ophthalmic	..	..	..	..	..	84
Others	..	..	..	..	..	1,783
						<hr/>
Total treatments	..	..	..	..	..	9,506
						<hr/>
Total new patients	..	..	..	..	..	4,679

Clinic Premises used as General Practitioner Surgeries

(1) Minchery Farm

This small, purpose-built building, which opened in 1958, is now used by only one practice for two sessions a week. It has been redecorated and brought up to standard.

(2) Bury Knowle

These clinic premises have been used since 1968 by one practice for six sessions a week. This is a temporary but most satisfactory arrangement pending the building of the proposed Headington Health Centre.

(3) Donnington

One group of four general practitioners are using this clinic as their main surgery premises. The planned purpose-built extension has suffered numerous set-backs during the year, the latest of which was the discovery of large water and gas mains below the ground on which the new extension was to be built. This meant a sudden change in plan with a request to the Education Department to appropriate a small part of Donnington Middle School grounds in order to build the new wing as a mirror image of the existing plan. It is hoped that work can start early in the new year so that the building can be converted into a health centre before the end of 1973.

Future Health Centre Programme

(1) Headington

After numerous meetings with all the practitioners and the architects planning reached an advanced stage by the end of the year. However, at a meeting between representatives of the Department of Health and everyone concerned with the project early in January 1973, two firms of general practitioners re-opened the basic question of the siting of the health centre. This unfortunately means that the whole project is likely to be delayed considerably.

(2) *Temple Cowley*

The delay with the Headington plans has provided the opportunity for this project to be brought forward.

Several meetings have been held with the **general** practitioners concerned and plans are now in an advanced stage of preparation. Two wings, each of four surgery suites with their own reception and waiting areas, will cater for a total of 17,000 patients in the Cowley area. There will be a treatment room, a staff room and rooms for health visitors and social workers. No clinic facilities will be required.

(3) *Central*

Discussions have been held to try and find a suitable site for this health centre. The two practices concerned have been pressing strongly for a site convenient for their patients and with car parking facilities. The latter is a cause of great difficulty.

(4) *East Oxford Extension*

A site is available adjoining the present health centre. The only remaining practice in the vicinity has now requested health centre accommodation.

(5) *Summertown*

A site has been reserved within the new civic centre area for a purpose-built health centre to replace 160 Banbury Road in due course.

SECTION IV

AMBULANCE SERVICE

Administration

The successful administration of the Service by a Joint Committee continues. Having so many years experience in operating a Joint City and County Ambulance Service, it is envisaged that no critical problems will be encountered in 1974 when the Service becomes part of the Area Health Authority. Experience has shown that problems encountered in a County Service are entirely different from those of a Borough and must be dealt with in a different manner. During the latter part of the year, the City Station Superintendent left to take up an appointment in Berkshire: his successor, being one of the Station Officers from Central Control, has meant several promotions within the Service.

The productivity scheme introduced in November 1971 for a trial period of six months has, after several minor modifications, been accepted by the men and the Union. It will be seen from Table II that the planning of vehicle runs in conjunction with productivity has resulted in the Ambulance Service vehicles carrying 8,000 additional patients and that there has also been a slight reduction in the average miles per patient carried.

Stations

The extensions to the Banbury Ambulance Station were completed in March and the extensions to the Bicester Ambulance Station were commenced during the year. Completion of the Bicester extensions, through an unavoidable delay, is not expected until the middle of 1973.

The staff at Banbury organised an Open Day at their Station on Sunday, September 24th between the hours of 10.00 a.m. and 4.00 p.m. This was a very successful venture, well attended by the public who had all aspects of the Service available for their inspection. The highlight of the day was a demonstration, with commentary, of a crew dealing with an accident. In addition, vehicles were available for inspection, the use of equipment on view was explained and tours of the Control Room were arranged.

Vehicles

Five stretcher case ambulances and two sitting case vehicles were ordered to replace vehicles that had reached the replacement stage. There are signs that delivery of vehicles which had in the past been very much behind schedule are improving. The body builders have promised delivery of all outstanding vehicles by the end of the 1972/3 financial year.

The current order for ambulances was for standard bodywork built in accordance with the Working Party's recommendation on ambulance

design and mounted on the Bedford C.F. chassis. This will introduce the stretcher cot into the Service and only time and experience will evaluate this piece of equipment. The 'Stockall Wilson' type of trolley, introduced into the Service twelve years ago, has proved most satisfactory. With its use, especially the ease in which a patient can be loaded in or out of the ambulance, there has been a marked decrease in the incident of 'strained backs, among the ambulancemen. All will be sorry to see the gradual phase-out of this extremely serviceable piece of equipment.

Staff

The Service continues to operate under established. Extreme difficulty is experienced in recruiting the right type of person, especially in view of the demands made upon labour by the car and other industries in the area. In one particularly difficult area, where the Station has been between two and three men short for over three years, the Joint Ambulance Committee has been successful in obtaining two ex police houses that can be made available to ambulance staff on a Service tenancy. It is felt that this may be an incentive to trained personnel who would like to come to this area but cannot owing to the high cost of purchasing a house. Training of staff continues at the Southern Ambulance Training School at Bishops Waltham. The next financial year's programme has been arranged and in addition to the usual courses, a start is to be made on ambulance driving instruction.

Once again, a team was entered in the regional competition of the National Ambulance Competition which this year was held at Norwich. Mr. Crockford, a Leading Ambulanceman at the Thame depot was winner of the Attendants Cup and competed against finalists at the All England Final which took place at Stoke Mandeville Hospital. Whilst not being the winner of the final, Mr. Crockford secured a high placing and is a credit to the Service.

Location of Stations and Establishment

Location	Vehicles		Staff	
	Ambulances	Sitting case vehicles	Driver attendant	Leading Driver Sub. Officer
Oxford City	12	14	44	7
7 County Stations	16	12	51	10
Spare vehicles	4	1	—	—
Total	32	27	95	17

General

The radio surveys, commenced during the latter part of 1971, continued during the early part of the year. It soon became apparent that sites which were suitable for the existing low band equipment were totally unsuitable for the new high band. Numerous different sites were tested before suitable ones were found. Nine manufacturers were invited to do surveys and of these only five submitted quotations for the supply of new equipment. After lengthy and serious consideration of the problem, Committee decided to place the order with the Motorola Company and this equipment will be installed by the end of March 1973.

Modifications to the Road Accident Emergency Scheme, introduced last year, have taken place. The Ambulance Service, instead of the Police, are now responsible for initiating the call out of doctors to accidents, a procedure that is working quite efficiently.

Meetings have taken place between the three emergency services, Police Fire and Ambulance, followed by meetings and tactical exercises of all Services, that would be involved should there be a major accident anywhere in the Thames Valley Police area. A scheme has now been agreed and the procedures laid down will be applicable whether the major accident occurs in Oxfordshire, Buckinghamshire or Berkshire and must lead to a more efficient method of dealing with this type of crisis.

The visits to Central Control by school children, nurses, medical students and youth organisations continue to be a great success. During the past year a new venture has been started. Following the visit by the nurses of the accident department, they now spend one day on an ambulance observing what happens to the patient before arriving at hospital. In return, two ambulancemen per week spend Saturday in Casualty Department so that the medical staff can explain and they can observe what happens to their patients after they have taken them to hospital. This exchange of knowledge is most beneficial to all concerned. Medical students have now requested that the facilities be offered to them.

Patients Carried and Mileage Travelled

Demands upon the Service continue to increase but work allocated to the Hospital Car Service and Contract Car shows a drop in patients carried whilst mileage travelled shows an increase. The reason is that following the school holidays, the Education Department undertook the supply of transport for the mentally handicapped children attending special schools in Banbury and Witney, leaving the Ambulance Service to provide transport for those attending the Wheatley and Boro Court centres and also children to special schools in Reading, Oxford, Witney and Abingdon.

The transport of the mentally handicapped child was combined with those persons attending Industrial Training Centres. The Ambulance Service is still responsible for the organisation of transport to the Industrial Centres at Banbury and Witney and is the reason the mileage does not show a similar reduction.

Table I shows a comparison of work over the past six years whilst Table II is a comparison of work undertaken for Education and Social Services Departments during the past four years.

TABLE I

Year	Ambulance Service		H.C.S. & Contract Car		Gross Total	
	Patients	Miles	Patients	Miles	Patients	Miles
1967	166,464	870,177	144,190	1,296,432	310,654	2,166,609
1968	172,323	873,961	137,383	1,268,133	309,706	2,142,094
1969	172,509	887,008	137,280	1,234,641	309,789	2,121,649
1970	147,516	825,151	137,300	1,294,007	284,816	2,119,158
1971	166,950	913,639	155,402	1,444,713	322,352	2,358,352
1972	174,992	915,174	151,328	1,516,136	326,320	2,431,310

TABLE II

Year	Persons conveyed for Education and Social Services Departments	Mileage Involved
1969	79,308	536,052
1970	76,967	573,846
1971	89,146	655,995
1972	84,064	669,838

SECTION V

HEALTH EDUCATION

Report by Mr. D. F. LEWIS
Health Education Officer

The national growth of interest in health education has acted as a catalyst in creating an expansion in the opportunities open to health education at local level. Previous reports have explained the need to devote priority to the long term approach of health education in schools, aimed at creating a new generation of young people more conscious of the importance and value of individual and community health. This is not to deny the extensive possibilities for health education among the adult population, but rather to pin-point where best the available resources should be directed to achieve the maximum benefit. When the present Health Education Officer was appointed it was possible for one individual to undertake all the necessary planning, organising and co-ordinating to implement a health education programme. Today this is no longer feasible. In September the appointment was made of an Assistant Health Education Officer who will divide her time equally between health education and health visiting. The additional member of staff will help restore the equilibrium between the extent of health education undertaken in schools and health education with the rest of the community.

The wide-ranging programme of work in schools has been fully covered in the Principal School Medical Officer's Report.

Smoking

The introduction to the most recent report on smoking by the Royal College of Physicians reads:—

'Premature deaths and disabling illness caused by cigarette smoking have now reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country.'

The challenge has been taken up through talks to a variety of audiences from primary school children to adults, many of whom have indulged in this habit over long years. It has taken 400 years to establish the present pattern of smoking in this country and it would be naive to suppose it will cease very rapidly. However, the continual publicity designed to discourage smoking through posters, leaflets, the press, talks, films and discussion, are all making a significant contribution to bringing about a decline in the habit.

In a further attempt to answer this challenge the department co-operated with the Seventh Day Adventists in arranging an anti-smoking clinic. The

numbers attending the first of these clinics was understandably small, though the need for such a clinic was clearly demonstrated by one of the members who smoked 80 cigarettes a day, 90 at weekends. No long term evaluation of the effectiveness of the clinic was undertaken, but by the end of the week all the members who completed the course had given up the habit. How long they continued to do so is unknown, but at least they had been assisted and supported in their initial endeavours. Future clinics are planned for the coming year.

Hypothermia

In recent years there have been several deaths among the elderly in the Oxford area attributable to excessive cold. One of the major problems in preventing such tragic occurrences lies in being able to contact the elderly people at risk and to offer them guidance, advice and support. To help lessen this problem a new leaflet was produced entitled 'Cold can be cruel'. The leaflet, written for use by either the elderly themselves or for those in contact with them, sets out a series of illustrated hints on heating, clothing, food, and sources of assistance, which might be of help in preventing hypothermia. The leaflets, accompanied by other informative literature have been distributed through health visitors, social workers, district nurses, home helps, community associations, local churches, and the gas and electricity showrooms. Radio Oxford, the Oxford Times and Oxford Mail have also been helpful in this attempt to channel appropriate information to those who are most in need. In addition the topic chosen for the December poster campaign in clinics and hospitals was hypothermia.

Talks and Lectures

Over the past few years there has been evidence of a closer link between hospitals and local authority health services. Following meetings with a consultant gynaecologist it was agreed to explore the possibilities of helping patients attending hospital for hysterectomies. During the summer months a health visitor attended the outpatient gynaecological clinics at the Radcliffe Infirmary, with a view to developing a useful liaison between the hospital, general practitioners and health visitors. Experience had shown that hysterectomy patients were often concerned by their lack of knowledge and understanding of the operation. Through discussion it was attempted to lessen some of their anxieties and doubts and establish liaison with those who might need further advice at home following their discharge from hospital.

Talks to parent-teacher associations are always particularly welcome. They provide an opportunity to reach a very influential audience who can re-assess their own attitudes to specific health problems and create a greater awareness among their children. A subject of particular interest to

parents is the mis-use of drugs. Many of them find themselves bemused and bewildered by the growth in recent years of a problem about which they often possess little knowledge or understanding. The opportunity to gain more information and a greater appreciation of the factors involved may help parents to develop a closer relationship with their children over such controversial issues. Accordingly illustrated talks have been given to parent associations, to teachers and to students from a variety of professions.

Other talks to parent associations have highlighted such areas as home safety, sex education, smoking, etc., and simultaneously provided the opportunity for parents to discover the type of health programmes which schools are implementing.

There has been a growth in the number of requests for talks on the sexually transmitted diseases. As the incidence of the venereal diseases increases the public have become conscious of their lack of information on the topic. Most secondary schools consider the venereal diseases to form part of their on-going programme of health education, but in addition youth clubs, students and young wives groups have expressed a wish for talks. These meetings have created the opportunity to undertake some small scale evaluation of the extent of public knowledge on the subject. At the start of the meetings questionnaires were distributed which subsequently revealed the sources of knowledge for different age groups and illustrated some of the common misconceptions held about the diseases. The two major sources of information have undoubtedly been the school for the younger age group and television among the more mature. There exists a considerable degree of confusion between gonorrhoea and syphilis, and the factors associated with their symptoms. It is hoped that by continuing this programme of health education people will come forward for treatment more promptly and thereby lessen the possibility of infecting others.

The number of home accidents brought about by poisoning, burns and falls continues to give cause for concern. The alert eye and deliberate attempt to be conscious of the possible dangers in and around the home have been emphasised in the talks given on home safety. What is even more alarming are the number of 'near misses' which are quoted at such meetings. The potentially most effective talks given in this area were perhaps to those people who are constantly visiting homes, to student district nurses and to home helps. Inclusion of home safety in their training is a most welcome sign.

It is perhaps appropriate that the increase in talks on home safety have been paralleled by talks on first aid. Talks on this subject have been given by the Health Education Officer and by Medical Officers from the department to meetings of teachers, people in industry and students.

Public health inspectors have given a variety of talks to schools, students, food handlers and to the course for home helps. These and the two hundred or so talks given by health visitors have ensured a regular presentation of information and advice on matters of health to a wide cross-section of the community.

Obesity

The weight control clubs and clinics have flourished during the year. Those started last year increased their membership and attendance, while one new club started at the request of some residents in Florence Park.

The clubs and clinics vary from one with a full social programme with visiting speakers, keep fit sessions, films and coach trips, to one based in a clinic with weighing and individual advice.

The clinic at Florence Park Community Centre met weekly in the evenings during the autumn. The membership decided to change its meeting so that it did not clash with Bingo, and next year will meet fortnightly prior to the local women's club meeting.

"The Donnington Diet" sheet produced by doctors practising from the Donnington clinic premises has been a feature of these clubs and clinics. It is based on the type of foods found in most homes and is a low carbohydrate diet. This has proved very popular with the club members, who are encouraged to lose between 1–1½ kilograms per week. Calorie counting is another method of dieting in use, which is often preferred by those who find it difficult to cut down on carbohydrates.

The clubs are attended not only by those who are overweight but also by some who have lost weight. With the help of the club they are maintaining their correct weight.

The weight control groups established in a few schools during the previous year have continued to function, playing a valuable role in adjusting dietary habits during these formative years.

WEIGHT CONTROL CLUBS

						1971	1972
<i>Temple Cowley</i>							
Registered .. .. .	..	..	..	..	..	54	123
Average attendance	..	..	..	..	..	25	52
<i>Blackbird Leys</i>							
Registered .. .. .	..	..	..	..	..	136	162
Average attendance	..	..	..	..	..	20	28
<i>Donnington</i>							
Registered .. .. .	..	..	..	..	..	—	69
Average attendance	..	..	..	..	..	—	14

	1971	1972
<i>Florence Park</i>		
Registered	—	13
Average attendance	—	7

Dental Health

Until such time as approval is given to the addition of fluoride to the public water supply, health education must concern itself with persuading parents to provide their children with alternative sources of fluoride. There can be no doubt that fluoride is both safe and effective in lessening the amount of dental caries in children. In all the talks given on dental health, emphasis has been given to the greater benefit of using a toothpaste containing fluoride than one without.

Of a more practical nature has been the provision of fluoride drops at the various child health clinics. Parents can purchase a bottle of fluoride which will supply sufficient drops to last six weeks at a cost of one penny a week. The drops can be taken from a spoon following the last feed, or added to water. Leaflets and posters have been produced to draw attention to this most useful of preventive measures, while broadcasts on Radio Oxford have created a further demand from members of the public.

Despite the benefit derived from fluoride drops and fluoride toothpaste, neither of these measures are really an alternative to the more effective method of adding fluoride to the water supply.

Parentcraft

Three health centres continued to hold parentcraft classes. East Oxford held a six class course on alternate Wednesdays in the evening, Temple Cowley held theirs similarly on alternate Tuesdays, and both courses are repeated three times a year.

Summertown held a weekly Friday afternoon class with seven sessions to each of six courses, they also show the film 'To Janet a Son' at an evening session for the expectant fathers.

Health visitors organise these courses with doctors and midwives participating. During the year there have been several previews of films on childbirth with the hope of replacing our much used copy of 'To Janet a Son'.

The opening of the new John Radcliffe Hospital has again provided for a closer working link between hospital and the community with the formation of its own parentcraft classes. Health visitors from the authority have been invited to contribute to the series of classes by talking to future parents on milestones in children's development, about the role of child health clinics and the work of the health visitor.

<i>Clinic</i>				<i>No. registered</i>	<i>Total attendance</i>
East Oxford	..	..		73	200
Summertown	..	..		85	480
Temple Cowley	..	..		68	260
Total	..	..	..	226	940

		1967	1968	1969	1970	1971	1972
No. registered	..	222	184	243	203	225	226
Total attendance	..	617	718	641	666	856	940

In-Service Training

Bringing information and advice on issues of health to the public is fundamentally at the root of all health education. Since health education is not the prerogative of any one group of professionals it is essential to assist workers in the health field to understand the possibilities and opportunities which are open to them and to keep them informed of recent developments. To this end lectures on health education and many of its individual facets have been given to students of medicine, health visiting, district nursing and education.

Once again courses on the use of projection equipment have been given to all new health visitors joining the department and to some public health inspectors.

With films alone being used on over 200 occasions it has been essential to hold regular film reviews for members of the department to keep up to date with the prolific production of new material.

The pattern of two study mornings a year for health visitors has continued. The first morning was held at the Mary Marlborough Lodge and based on a theme of communication between hospital and district with a special emphasis on the handicapped in the community. By holding the meeting at the Mary Marlborough Lodge it was possible not only to listen to the specialists describing their work, but actually to see some of the facilities and principles put into practice. The October meeting took place at the Eye Hospital, Walton Street, and covered the area of contemporary problems of visual loss and orthoptics. We are grateful to the staff involved for making both mornings such a success.

The city and county health education sections combined to arrange a days meeting for health education officers in the south of England. With

the re-organisation of the national health service imminent the major part of the day was given over to examining the role of the health education officer in the new structure.

Cervical Cytology

It is encouraging to find that so many women know of the 'cancer smear' test and are availing themselves of the opportunity to take it. There remain however a nucleus of women whom it is difficult to attract to this screening procedure. Since general publicity has not proved successful with this group a pilot scheme has been initiated to invite them individually for examination. In co-operation with a general practitioner, letters have been sent to a group of his patients between 35–60 years of age who have not received the test, explaining the reason for the examination and inviting them to attend his surgery on a specific date. Those who do not take up the invitation are followed up with a personal visit from a health visitor who again explains the situation. By means of a questionnaire a picture of why this particular group are not presenting themselves for examination is being built up. As yet it is too early to have produced any worthwhile figures, but the initial response has been quite encouraging.

Publicity

Throughout the year leaflets and posters have been distributed to a wide variety of centres and organisations. To create a greater intensity of publicity on one particular theme a system of monthly topics has been introduced which allows for a simultaneous display of material at all centres. The topics chosen have been:—

- Dental Health
- Fire Safety
- Slimming
- Safety in Retirement
- Cervical Cytology
- Family Planning
- "Follow the Instructions"
- Foot Care
- Smoking
- Fireworks
- Influenza
- Hypothermia

Publicity on the danger of fireworks was particularly widespread, with several thousand leaflets being distributed in primary schools in the hope that not only would children heed the warnings, but that the leaflets would be taken home to their parents. Warning slides were again shown at many of the local cinemas, but with some cinemas changing their system of projection it is now not always possible to show them.

Towards the end of the year contact was made with Miss Jean Fitchew of Radio Oxford who has a radio spot called "Womens View" in the "Oxford Circus" programme. The Assistant Health Education Officer was interviewed on the subject of fluoride drops and their availability to those who wanted them. In a further broadcast Dr. Muir Gray talked about hypothermia. In the future there will be regular discussion of health topics in association with the monthly poster campaigns in the clinics and health centres. Not all topics will be covered by local health authority staff, but specialist interviewees are suggested by the Health Education section.

The success of this means of health education was demonstrated by the large number of enquiries mothers made about fluoride drops to the health visitors.

General

There have been continuous requests for materials, information and advice most of which it has been possible to meet. Many students undertaking special studies into aspects of health education have visited the department for discussion about their work.

A small exhibition on loan from the Family Planning Association was on display at several health centres, while assistance has been given in preparing such exhibitions as the one on Chiropody held at the Town Hall.

Lectures have been given to multi-disciplinary audiences in different parts of the country which is some small recognition of the work undertaken in health education in the city, as also is the request to write articles on the subject for national journals.

The constant stream of visitors to the department from this country and abroad has led a valuable exchange of ideas and approaches. The visit from Central Michigan University, U.S.A., of twenty students of health education with their professor being an example of a particularly interesting and beneficial visit.

SECTION VI

GENERAL HEALTH SERVICES

(a) FAMILY PLANNING

(Dr. Joan Gray)

Clinic Services

1972 was the first complete year of the City of Oxford direct Family Planning Service and during the year both clinic and domiciliary services expanded and developed.

By the end of the year, twenty-one doctor sessions were being held weekly on eight premises, an increase of five doctor sessions a week, which consisted of 3 extra sessions at the central clinic at St. Barnabas, one extra session at Summertown and a new weekly clinic at the Community Centre at Rose Hill. The Young Peoples' Advisory Clinics continued at East Oxford Health Centre and Summertown. An I.U.C.D. Clinic was held, on average, every two weeks at East Oxford Health Centre and during the year 94 devices were inserted. Family Planning Clinics were available somewhere in the City on each week day, and information regarding these services could be obtained by telephoning the Health Department. During a week's survey in April, 20-30 such calls were received daily.

Consultation and advice remained free to all whilst patients designated as medically or socially necessitous by the clinic doctors also received free supplies (6%).

An agreement with Oxfordshire and Berkshire allows women residents in those areas to receive similar treatment on a per capita fee basis claimed from the appropriate authority. Patients from other areas pay for both consultation fees and supplies.

During the year there were 1,879 new patients of whom 43.5% were married women; 76% were Oxford residents, 17% lived in Oxfordshire, 5% came from North Berkshire and 2% from other areas.

The following table gives relevant details (these are not comparable with the statistics for 1971 which were six months only):—

Place of residence	Medical	Social	Others	New Patients	Repeat Visits
Oxford	145	449	7793	1431	6956
Oxfordshire	54	104	2128	330	1956
Berkshire	1	2	665	104	564
Other Areas	—	—	61	14	47
Total	200	555	10,647	1,879	9,523

The following table indicates the method of contraception initially chosen by new patients:—

Pill	..	..	..	..	..	1244—66 % (59 % in 1971)
Cap	..	..	..	..	..	221—12 % (17 % in 1971)
I.U.C.D.	..	..	..	..	..	136— 7 % (8 % in 1971)
Other methods	..	..	..	..	..	147— 8 % (9 % in 1971)
No method advised	..	..	..	..	..	131— 7 % (7 % in 1971)

1,282 cervical smears were taken during the year of which 3 were suspicious and required further investigation.

The following table giving age at first visit shows the present trend for young women under 25 (71 %) to seek advice, but also an increasing number of older women to attend clinics.

Age	20	20-24	25-29	30-34	35+
New patients	678	655	327	120	99
%	36 %	35 %	16 %	7 %	6 %

The following figures for parity at first visit indicate an early acceptance of contraception to control family size.

Parity	0	1	2	3	4	5	6	7+
New Patients	1203	309	199	105	40	16	4	3

During the year two meetings of doctors, nurses and voluntary helpers were held when the progress of the clinics and current matters of general interest were discussed.

The Family Planning Organiser's work continued to expand rapidly and a part-time assistant was appointed from 1st April, 1972. Her duties are mainly clerical and in the Department, thus relieving the Organiser of day-to-day administration and allowing her to visit and supervise the work in clinics.

At the request of the Nuffield Department of Obstetrics and Gynaecology, and with patient's consent, facilities were made available in one clinic for a follow-up study of patients taking a specific oral contraceptive. At the request of the Warneford Hospital, facilities for advice to in-patients, or wives of patients, were made available at another clinic.

Close co-operation has continued throughout the year with the hospital services. For a period of one month the Family Planning Organiser attended a women's special diseases (V.D.) clinic each Monday evening at the Radcliffe Infirmary to advise patients on contraception and direct them to their nearest F.P. clinic. The number interviewed was comparatively small (19) but the pilot scheme made clear the necessity for having

an informed social worker or contact tracer available at all the womens' special clinics.

The Family Planning Association continued to invite a member of the Health Department F.P. staff to all the Oxford Branch meetings. Training of doctors and nurses continued in two clinics and 6 doctors and 9 nurses successfully completed such training in 1972. Student Midwives, general practitioner trainees and hospital medical social workers also attended clinics for observation visits as part of their general training.

Domiciliary Service

This has been the seventh year of the home-visiting and local "mini-clinic" service for women in Oxford in need of contraceptive advice, but unable or unwilling to attend a Family Planning Clinic. Because such patients are deemed socially necessitous the service is entirely free.

During the year there has been considerable expansion, mainly due to the supportive service provided by two nurses who, paid for by the Urban Aid IV grant, follow-up domiciliary and "failed" clinic cases.

"Mini-clinics" or "halfway-clinics" for small numbers of local patients in clinics or Health Centres were held, and at these, women were encouraged to attend the nearest F.P. clinic, after a period of individual attention and encouragement from the doctor.

At the end of the year 128 (113 in 1971) patients were on the register and the following statistics give relevant details about the 75 new patients (50 in 1971).

				1972	1971
(a)	<i>New Patients</i>				
	Home consultations	..	..	50	35
	"Half-way" Clinic consultations		..	25	15
				—	—
				75	50
(b)	<i>Source of reference</i>				
	General Practitioners	..	..	5	3
	Health Visitors	..	..	70	46
	Medical Social Workers (Hospital)		..	—	1
				—	—
				75	50
(c)	<i>Ethnic Groups</i>				
	British (including Irish)	..	..	60	28
	Asian	..	..	13	17
	Other	..	..	2	5
				—	—
				75	50

					1972	1971
(d)	<i>Age</i>					
	Under 20	..	..	..	18	8
	20-24	..	..	..	16	15
	25-29	..	..	..	18	15
	30-40	..	..	..	20	11
	40+	..	..	..	3	1
					—	—
					75	50
(e)	<i>Parity</i>					
	No child	..	..	..	0	1
	1 child	..	..	..	18	4
	2 children	..	..	..	13	17
	3 children	..	..	..	24	11
	4 children	..	..	..	9	8
	5 children	..	..	..	6	3
	6 children	..	..	..	3	4
	7+ children	..	..	..	2	2
					—	—
					75	50
(f)	<i>Initial Method Chosen</i>					
	Pill	..	..	..	36 (48%)	20 (44%)
	Cap	..	..	..	1 (1.3%)	—
	I.U.C.D.	..	..	..	27 (36%)	13 (29%)
	Other Method	..	..	..	6 (8%)	5 (11%)
	No method advised	..	..	..	4 (7%)	7 (16%)
	Already Pregnant	..	..	..	1	5
					—	—
					75	50

In this problematical group 36% patients were fitted with I.U.C.D.s as compared with 7% of clinic attenders but a significantly smaller number (7%) found no method acceptable as compared with 16% in 1971.

(g) “*Half-way*” Clinics

A total of 25 new patients were seen at these clinics and 174 repeat visits were made:

				<i>Sessions held</i>	<i>New Patients</i>	<i>Repeat Visits</i>
South Oxford H.C.	..	..	..	9	7	36
Blackbird Leys H.C.	..	..	..	22	16	134
East Oxford H.C.	..	..	..	2	2	4
Total 1972	..	..	..	33	25	174
Total 1971	..	..	..	39	15	136

A total of 36 I.U.C.D.’s were fitted at “Halfway clinics”.

(h) A total of 192 domiciliary visits were made by the doctor during the year (182 in 1971).

36 families were visited on more than one occasion as follows:

Two visits	24
Three visits	9
Four or more visits	3

(i) *Individual Follow-up Visits by nurses*

A total of 403 visits were made by the nurses during the year.

92 families were visited on more than one occasion as follows:

Two visits	42
Three visits	26
Four or more visits	24

The work of these nurses has extended considerably and enlarged the domiciliary "follow-up" service, freeing the doctor for the initial consultation in the home of needy patients and for fitting I.U.C.D.s at "mini-clinics".

(b) CERVICAL CYTOLOGY
(Dr. Joan Gray)

The screening of women for carcinoma-in-situ of the uterine cervix including those due for a repeat examination continued throughout the year.

The local recall scheme organised in conjunction with Dr. Spriggs of the Laboratory of Clinical Cytology has, up until now, operated on an age basis, patients under 35 years being recalled every 5 years, those between 40–50 every 3 years and those over 50 yearly. It is, however, proposed that from the 1st March, 1973, *all* patients over 35 years will be recalled every three years, as the case for more frequent recall of older patients has not proved necessary.

During the year 1,361 new and 2,488 recall patients were examined. The total of 3,809 was slightly more than in the previous year, new patients falling by 138, but recall patients rising by 306. The number of clinics held was 309 compared with 294 in 1971. At the City Family Planning Clinics an additional 1,282 smears were taken during the year.

Details of examinations carried out during the year are shown in the following tables:—

Number of Patients Examined					1970	1971	1972
<i>Local Authority Sessions</i>							
New Patients .. .. .	..	..	..	..	964	586	482
Recall Patients .. .. .	..	..	..	..	1088	1337	1433
					—————	—————	—————
					2052	1923	1915

	1970	1971	1972
<i>General Practitioners Sessions</i>			
New Patients	1033	913	879
Recall Patients	712	845	1015
	<hr/>	<hr/>	<hr/>
	1745	1758	1894
<i>Total of all Patients Examined</i>	3797	3681	3809
Oxford residents numbered 2,679 (70%)			

Clinic Sessions

	1970	1971	1972
Local Authority	153	143	145
General Practitioners	144	151	164
	<hr/>	<hr/>	<hr/>
	297	294	309

Of the 4,059 recall appointments sent out during the year 2,448 were kept, an acceptance rate of 60% the same as the previous two years.

Age and parity of new patients

Age (years)	Number of children												Not stated	Total
	0	1	2	3	4	5	6	7	8	9	10	12		
-25	298	66	47	7	1	2	-	-	-	-	-	-	-	421
26-29	63	37	71	21	7	2	-	-	-	-	-	-	-	201
30-34	42	30	67	41	8	4	-	-	-	-	-	-	-	192
35-39	23	15	44	37	20	6	2	2	1	-	-	-	-	150
40-44	19	20	35	27	13	4	1	3	-	-	-	-	-	122
45-49	20	17	41	15	11	6	3	1	-	-	-	-	-	114
50-54	15	16	23	17	11	3	1	1	-	-	-	-	-	86
55-59	5	6	9	2	2	-	-	-	1	-	-	-	-	25
60+	9	10	11	11	5	-	-	-	-	-	-	-	-	46
Not stated	2	1	1	-	-	-	-	-	-	-	-	-	-	4
Total	496	218	349	178	78	26	7	7	2	-	-	-	-	1,361

The greatest number of women receiving the test is still under 35 years (59%) whilst 19% only were between 35 and 45 years (22% in 1971) and 22% were over 45 years. In an effort to discover the reason why women over 35 years of age are reluctant to attend cervical cytology clinics, one general practice is co-operating in a survey which is not yet completed. Married women over 35 who, from the doctors records, appeared never to have had a smear taken were sent a personal invitation and appointment by their doctor to attend one of a series of evening clinics. About 50% accepted the invitation or had already had a smear taken elsewhere. The remaining 50% are now being followed-up by a Health Visitor, who will complete a short questionnaire for each failed attender. The results should indicate the main reasons for non-attendance.

Age and parity of recall patients

Age years	Number of children														Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	N/S	
-25	—	2	—	—	—	—	—	—	—	—	—	—	—	.	2
26-29	3	—	1	1	—	1	—	—	—	—	—	—	—	.	6
30-34	3	4	7	9	3	1	—	—	1	—	—	.	—	.	28
35-39	37	36	90	44	26	7	4	1	—	—	—	.	—	.	245
40-44	41	33	103	51	23	11	8	3	3	2	—	.	—	.	278
45-49	35	74	107	69	25	10	7	2	—	1	2	.	1	.	333
50-54	84	130	237	110	41	12	9	2	1	1	—	.	—	.	627
55-59	58	120	168	82	40	5	9	2	2	—	—	.	—	.	486
60+	54	118	148	63	29	9	10	4	—	—	—	.	—	2	437
Not stated	1	1	3	—	1	—	—	—	—	—	—	.	—	.	6
Total	316	518	864	429	188	56	47	14	7	4	2	.	1	2	2,448

Because of the age-structured recall system the greatest number of patients attending were over 50 years of age.

Results

	1971			1972		
	New patients	Recall patients	Total	New patients	Recall patients	Total
Negative smears ...	1475	2172	3647	1355	2438	3793
Suspicious smears confirmed by biopsy ...	3	3	6	2	4	6
Suspicious smears not confirmed by biopsy ...	2	2	4	1	—	1
Doubtful smears not confirmed by repeat smears ...	9	1	10	3	4	7
Suspicious smears await- ing further investigation	8	4	12	—	2	2
Doubtful smears follow- up not possible ...	2	—	2	—	—	—
Other gynaecological abnormalities detected	122	220	342	77	270	347

The age and parity of the six patients with confirmed carcinoma-in-situ are shown in the following table:—

Age	Number of children						Total
	0	1	2	3	4	5	
25-29	—	1	—	1	—	1	3
30-34	—	—	—	—	—	—	—
35-40	—	—	—	—	—	—	—
40-44	—	—	—	—	—	—	—
45-49	—	1	—	1	1	—	3
Total	—	2	—	2	1	1	6

Four of these six cases were detected in patients attending for a recall examination and three were aged between 45 and 49 years and had had a negative test three years previously.

All the women had had at least one child. The fact that three young women under 30 years of age had a positive smear is of particular significance in the light of the National Scheme, which only recalls women over 35 years of age.

The incidence of carcinoma-in-situ in new patients was two out of 1,361 examined or 1.5 per 1,000 (2.6 per thousand in 1971). The incidence in recall patients was 4 out of 2,488 examined or 1.6 per thousand the same figure as in 1971.

The age and parity of the 67 patients with confirmed carcinoma-in-situ detected since the scheme started are indicated in the following table:—

Age (years)	Number of Children								Total
	0	1	2	3	4	5	6	7	
—25	—	1	—	—	1	—	—	—	2
26–29	—	2	1	1	—	1	—	—	5
30–34	1	2	1	2	—	—	—	—	6
35–39	—	4	1	2	2	1	—	—	10
40–44	2	2	5	2	1	—	1	1	14
45–49	2	3	3	5	1	1	—	—	15
50+	—	6	1	1	5	2	—	—	15
Total	5	20	12	13	10	5	1	1	67

In a survey carried out in May 1972 on the 61 patients then known to have had positive tests in the previous seven years, two only had died whilst 59 were alive, the majority stating that they were “very well”.

(c) DOMICILIARY OCCUPATIONAL THERAPY

The Service was fully staffed throughout the year but two members of Staff left—Miss Hill and Mrs. Deacon and two new Occupational Therapists commenced—Mrs. Webster and Mrs. MacKenna. A new establishment was created for a part-time clerk and the post was filled immediately by Mrs. Gray who has given invaluable assistance in the administrative work of the Section.

The total number of patients seen has risen steadily. This unfortunately means that the majority of patients are now seen less frequently.

			1970	1971	1972
Total patients as at 31st December	..		297	345	555
New referrals in the year	..	..	211	235	382
Withdrawn in the year	..	..	168	187	172
Nett increase	..	..	43	48	110

The continuing increase of referrals has resulted partly from the survey undertaken by the Social Services Department under the Chronic Sick and Disabled Persons Act (1970) and partly from an increased awareness of the availability of a large number of aids.

The following table summarises the aids and equipment recommended by the service showing the increase in demand over the last three years.

			1970	1971	1972
Bathing aids (rails, seats, mats, etc.)	..	..	149	170	381
Adaptations to furniture	..	..	29	46	56
Toilet aids (rails, raised seats, etc.)	..	..	54	60	87
Dressing, feeding and kitchen equipment	..		39	40	118
Walking aids	..	..	23	21	41
Advice and assessment for rails, ramps, etc.	..		60	112	123
Hoists (electric and hydraulic)	..	..	9	11	24

The occupational therapists are now going into the Social Services Department Old Peoples Homes to advise and show the matrons which aids are available and to suggest any alterations to the structure of the buildings. This is a very useful link between the Health and Social Services Departments.

The head occupational therapist was consulted on the plans for the new disabled persons bungalows and she also advised on several structural alterations to existing Council and private property, occupied by disabled people.

Since September, general practitioners have been authorised to sign applications for Department of Health wheelchairs. The occupational therapists undertake the initial assessment and may suggest the referral of a patient to a Wheelchair Clinic if a specialised chair is considered to be necessary.

The occupational therapists have commenced a scheme of attachment to general practitioner groups. This has been undertaken in consultation with the Secretary to the Local Medical Committee, and will expand the skills of the practice team to the benefit of the patients.

Occupational therapists attended several training courses organised by the Oxford Regional Hospital Board and held at Mary Marlborough Lodge. Mrs. Webster attended a three-day conference at Winchester on Domiciliary Occupational Therapy. Miss Gould gave a short talk on Aids to Daily Living at a study morning on "Communication—Strengthening

the Links." Miss Gould also attended regular meetings with all the head occupational therapists of the Oxford hospitals and adjacent local authorities to discuss the contribution of occupational therapy within the re-organised National Health Service in 1974 and suggestions for setting up a comprehensive, integrated rehabilitation service throughout Area 33.

Afternoon group meetings for the disabled continued at Dorset House School of Occupational Therapy or at the Wood Farm Health Centre and an average of thirty patients attended. The programme for the year is mainly organised by Dorset House students except during the vacations. Transport of patients to the meetings is now provided mainly by Social Services ambulance vehicles, but there is also a rota of much valued voluntary drivers.

The amount of craft work dropped again this year but the following table shows the sale of patients' work through the Blind and Handicapped shop together with the payments made to patients for compiling folders and other work undertaken for the United Oxford Hospitals.

	1970	1971	1972
Total sales	£2170	£2182	£2322
Cash return to patients	£ 932	£ 855	£ 970

The amount of money returned to patients, although small, is very important in that it provides some reward and a source of income to some individuals who would otherwise be completely dependant which is a sign of their use to society and a means by which they can purchase luxuries.

(d) CHIROPODY

(Dr. P. Harker)

Progress continued this year towards a service for all old age pensioners who need chiropody. A very rough estimate would be 6,000 such persons in the City. In the present circumstances a service of quantity is the greatest need, but quality is not neglected. Chiropodial appliances may improve both aspects and it is hoped that their production will increase in order that they may be fully evaluated.

The present service depends on maintenance of staffing, and fortunately no problems presented this year. In fact new staff contributed to the improvements described in the following report submitted by Mr. Whatmore, Chief Chiropodist:—

“With the steady realisation of the benefit derived from chiropody, increasing demands continue to be placed on this service. It is often very difficult to make the elderly or handicapped person, who is suffering from a painful foot, understand that there is a limit beyond which the resources cannot be stretched.

In making full use of all the facilities available it is sometimes unavoidable that patients need to be referred to a clinic outside their own area in order to maintain continuity of treatment. Such action is never taken lightly, and always in the best interest of the patient concerned. These patients need urgent and regular attention, and would greatly increase the call on the domiciliary service, if not transported to a clinic. Towards meeting this problem it was agreed to provide an additional transport session at St. Barnabas Clinic.

Ten strategically placed centres providing a total of 18 clinic sessions a week are now working to full capacity, catering for the chiropodial needs of the City.

Staffing improved with the appointment of Miss Cook as a senior chiropodist in June. In addition Miss Wimbush, a chiropodist in private practice, undertook to give four sessions a week from July. Mrs. Lyon, the senior chiropodist, was granted maternity leave as from August, and this resulted in some curtailment of the service until Mrs. Prud'homme accepted a temporary appointment in September.

There has been an additional 593 applications during the year. Due to their urgent medical requirements, 293 of these patients were taken onto the treatment list, leaving 300 patients on a waiting list. Those removed from the register totalled 92 of whom 88 had died, and 4 left the area. The improvements in the service are reflected by the increased number of sessions and treatments as shown in the tables. Since the inception of a direct service in 1968, there has been nearly a 100% increase in the number of treatments given.

To obtain the maximum benefit from the available staff, it has been essential to concentrate on palliative measures of foot care. The time has come when it is desirable to raise the standard of treatment in line with those authorities who provide supportive and corrective foot appliances, and a small number of chairside appliances have been produced to give some indication of the long term beneficial effect these could have on the service as a whole.

In co-operation with the Health Education Officer, talks on "Foot Health" have been given to school children.

St. Edmund Hall was the venue for an "In-Training Course" attended by Chief Chiropody Officers from 63 Local Health Authorities. A comprehensive display of chiropodial appliances, available through the services of the various authorities represented, was a feature of the course. Invitations to visit this exhibition were extended to health visitors, general practitioners and hospital consultants. The general practitioners were particularly interested in the benefits such prostheses could have for their chronic arthritic patients."

Summary of Work 1963–1972

Year	Patients	Treatments	Sessions
1963	770	2,979	476
1964	849	3,661	575
1965	1,017	4,666	754
1966	1,069	4,999	724
1967	1,054	4,886	727
1968	1,262	4,864	635
1969	1,529	5,076	717
1970	1,852	5,022	768
1971	2,267	6,283	986
1972	2,860	8,075	1,287

Comparison between 1971 and 1972

Place of treatment	1971				1972			
	Patients	Treatments	Sessions	Av. treatments per session	Patients	Treatments	Sessions	Av. treatments per session
Clinics and Health Centres	991	2,560	385	6.6	1,313	3,803	594	6.4
Transport Sessions	571	1,182	186	6.4	774	1,250	202	6.2
City Homes	460	1,787	226	7.9	460	2,113	263	8.0
Totals	2,022	5,529	797	7.0	2,547	7,166	1,059	6.8
Patients' own home	245	754	189*	—	313	909	228*	—
Totals	2,267	6,283	986	—	2,860	8,075	1,287	—

*A nominal figure based on 4 domiciliary treatments per 3-hour session.

Chiropody Clinics

Centre	Time	Transport Session	Patients	Treat-ments	Sessions	Av. Treatment per session
Blackbird Leys Health Centre	Wednesday 2-5 Thursday 9-12	Wednesday 9.30-12.30	328	700	113	6.2
Cotteslowe Court	—	Thursday 9.30-12.30	156	284	48	5.9
East Oxford Health Centre	Wednesday 9-5	—	211	460	69	6.7
Northway Clinic	Monday 9-12	—	81	214	33	6.5
Oseney Court	—	Friday 9.30-12.30	127	307	47	6.5
Rose Hill Community Centre	Thursday 9-12	—	125	295	45	6.6
South Oxford Clinic	Wednesday 2-5	—	121	369	48	7.7
St. Barnabas Clinic	Monday 9-5 Wednesday 9-5 Thursday 9-12	Thursday 2-5	378	1,092	176	6.2
Summertown Clinic	Tuesday 9-12	—	134	297	49	6.1
Wood Farm Health Centre	Tuesday 2-5 Wednesday 2-5 Thursday 2-5	Monday 2-5	425	1,035	168	6.2
		Totals	2,087	5,053	796	6.3

(e) DOMICILIARY RENAL DIALYSIS

(Dr. P. Harker)

One further City patient was accepted for domiciliary renal dialysis and a Portakabin Unit will be supplied early in 1973.

During the year two of the six patients in the City on home dialysis were admitted to Queen Elizabeth Hospital, Birmingham, for renal transplant. Tragically one, a thirty-three year old female, developed fatal chest infection, following a successful transplantation. This death, the first occurring in a City patient who had received home dialysis, was a reminder of the delicate balance between life and death that is held by these patients. The other patient, a fifty-five year old retired foundry worker, is very well, six months after a successful renal transplant.

(f) MEDICAL ASPECTS OF HOUSING

(Dr. P. Harker)

Oxford suffered in 1972 from a housing shortage greater than anyone had expected and the consequent demand for council accommodation was enormous. As in previous years, considerable benefit resulted from monthly discussions held between the Senior Medical Officer and the Housing Manager to consider applications which had been difficult to classify, and also to review cases discussed at previous meetings.

Cases investigated

	1970	1971	1972
Applications received	142	170	265
Not recommended	11	51	192
Recommended for rehousing:			
Priority—High	5	15	14
Intermediate	55	36	36
Low	43	19	4
Applications withdrawn or dealt with by another procedure	28	12	11
Cases under review	—	37	8

Committee decision

	1970	1971	1972
Permanent accommodation	53	60	51
Warden accommodation	3	2	—
Deferred	44	19	12
Rejected	4	2	4
Total (includes cases recommended in the previous year)	104	83	67

Towards the end of the year high priority medical cases were waiting for up to six months from Committee approval before rehousing could be

effected. Because of this, very few intermediate recommendations were brought to the Committee, and the low category recommendation of previous years was abandoned. Health Visitors and Social Workers were urged to encourage only those applicants for whom rehousing was seen as an essential part of averting risk to life or extreme physical hardship caused by illness or handicap.

(g) NURSING HOMES
(Dr. Muir Gray)

The following are registered under the Nursing Homes Act 1963:-

Home	Number of beds 31.12.71	Number of beds 31.12.72	Type of patient
St. John's Home, Anglican Order of All Saints St. Mary's Road	61	61	Disabled women who need long- term care.
Acland Nursing Home, Nuffield Nursing Homes Trust, 23/25 Banbury Road.	30	34	Two beds are registered under the Abortion Act 1967. The rest are for general medical and surgical cases.
St. Luke's, 20 Linton Road	47	49	Some residents receive long-term care, others receive short-term and convalescent care. Ten beds are contractually at the disposal of the Regional Hospital Board for such use.

These homes are inspected by a Senior Medical Officer at least twice a year.

(h) AID IN SICKNESS CHARITIES
(Dr. Muir Gray)

This voluntary body meets three times annually and is attended by a senior medical officer. Advice is given on policy matters whilst individual cases, usually referred by health visitors, are helped whenever possible.

The Committee has the following three spheres of activity:

1. Domiciliary Physiotherapy

The numbers receiving treatment were:

					1970	1971	1972
New cases	..	..	..	..	27	23	21
Old cases	..	..	..	..	33	24	29
Visits	..	..	..	..	1218	1288	1258

The majority of patients were over 65 years of age and this fact together with the diminishing number of new referrals indicates the need for a fresh appraisal of this service and this is being undertaken.

2. Charitable Grants

Although the Chronically Sick and Disabled Persons Act means that many more people now receive help of the type previously given by the Aid in Sickness Charity there are always gaps and very valuable help has been given in providing holidays, clothing, and warmth.

3. The Lying In Charity

The Committee managed to revise the terms of this Charity and as a result two grants were made from it.

(i) MEDICAL ASPECTS OF THE SOCIAL SERVICES

(Dr. E. P. Lawrence)

General

There have been welcome signs of close co-operation between the new Social Services Department and the Health Department. Meetings attended by doctors and social workers have been held fairly regularly. A knowledge of each other's roles increases co-operation between health visitors and social workers and a joint study morning for trainee doctors, health visitors and social workers has been held. It attracted an audience of 80 and was a great success, which it is hoped to repeat at intervals. Social worker teams have established contact with most general practices throughout the City and active co-operation now takes place in many doctors' surgeries or health centres. As the year progressed efforts were made at two meetings to co-ordinate the services of the components of the future Area 33. The Director of Social Services or her representative has attended the Health Committee and the Deputy Medical Officer of Health or a senior doctor has attended all meetings of the Social Services Committee. Medical students have continued to visit the Social Services Department as part of their training.

The Elderly

A doctor from the Health Department has made weekly visits to the residential establishments of the Social Services Department and staff

at the Homes have been appreciative of the interest shown and help given. There have been many useful results of such visits to old people's homes including a move to provide occupational therapy and physiotherapy and to improve dental and optical care. Much guidance has been given to try and make the hospital authorities aware of the burden being carried by the Homes so as to limit the tendency of many of our old people's homes becoming second-class hospitals as they take more and more severely disabled and heavy nursing cases. Elderly Persons Registers have been set up in six general practices and this has proved a useful focus for co-operation between doctors, social workers and health visitors.

Children

Health visitors have actively assisted with the supervision of child minders as they visit the homes of parents with young children in the normal course of their duties. The problems of the young chronic sick, and the provision of long term care for those lacking sufficient support at home, were discussed with the Social Services Department. It is important that both the Health and Social Services Departments should be involved in the planning and organisation of the new unit for the younger chronic sick which is due to be built shortly on the Churchill Hospital site.

Mentally Handicapped

Social workers are gradually gaining more expertise in the handling of difficult psychiatric patients and it is interesting that the concept of the generic social worker is already being eroded in that specialists dealing with mental health problems are beginning to emerge. Discussions have been held with an Area Director and with members of the Department of Psychiatry on the need for local authority social workers to receive some training in the recognition and management of mental illness. As a result, courses have been arranged to meet this need.

(j) DRIVERS AND EPILEPSY

The task of advising licensing departments about applicants with epilepsy has been passed to the County Medical Officer of Health with the unification of the licensing arrangements for the two authorities.

(k) LABORATORY SERVICES

Your Medical Officer of Health has continued to serve as one of the three Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriology

Dr. H. H. Johnston (Acting Director) and his staff at the Public Health Laboratory, Walton Street, Oxford, have carried out examinations of

specimens from cases of infectious disease and from contacts and suspected carriers. They have also dealt with many public health specimens taken in connection with our responsibilities for the water supply, swimming pools, milk, ice cream, fresh cream, food poisoning investigations, and food hygiene generally. We are most grateful to them for their ready co-operation at all times.

Virology

Dr. F. O. MacCallum, Consultant Virologist, United Oxford Hospitals, and his staff have been of the greatest assistance in connection with the investigation of virus diseases.

Food and Drugs

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City and has at all times been most helpful.

(I) FLUORIDATION (Dr. E. P. Lawrence)

There is no progress to report. There is still lack of agreement between Oxford, Oxfordshire and Berkshire which is essential before fluoride can be added to the City's water supply. As an alternative, bottles of fluoride drops continued to be on sale at child health clinics during the year and mothers who wished were able to purchase such bottles at cost price. The uptake is increasing but only a small proportion of the child population has been reached by this protective measure.

SECTION VII

MATERNITY AND CHILD WELFARE DENTAL SCHEME

The dental service of the Maternity and Child Welfare Service has been operating throughout 1972 much as in previous years, with slightly more attendances registered, and a satisfactory proportion of the children inspected being found in no need of treatment.

This suggests that a growing number of parents of children between 3–5 years of age are seeking advice from the dentist before treatment becomes either visibly or urgently necessary. It should be the main endeavour of dental health education to increase the number of parents doing so, as the first step towards the establishment of a nationwide habit of six-monthly dental inspections for all children from three years of age onwards.

This ideal is obviously still far from attainment, but it will continue to be the policy in Oxford to give this group of patients first priority and to encourage parents to take the precaution of seeking dental advice as soon as possible after their child's third birthday.

					<i>Children under 5 years</i>	<i>Expectant and Nursing Mothers</i>
(i)	Inspections					
	Patients given first inspection	..	..	..	153	2
	Patients who required treatment	..			114	2
	Patients who were offered treatment	..			114	2
(ii)	Visits for treatment					
	First visits	..	..	..	153	2
	Subsequent visits	..	..	..	31	2
					—	—
					184	4
					—	—
(iii)	Treatments provided					
	Teeth filled	..	..	..	132	2
	Teeth extracted	..	..	..	48	—
	Scaling or removal of stains	..	..		21	2
	Teeth otherwise conserved	..	..		155	—
(iv)	Number of courses of treatment completed					
	..	..	..	..	112	2



G.P. UNIT AT JOHN RADCLIFFE HOSPITAL. DOMICILIARY MIDWIFE WITH NEWLY DELIVERED MOTHER AND BABY

SECTION VIII

COMMUNITY NURSING SERVICES

Report by Miss E. P. GILBERTSON
Director of Nursing Services

From April 1st 1972 the Mayston Management Structure for the Community Nursing Services was fully implemented by the appointment of a Director of Nursing Services and three Nursing Officers (functional) for Midwifery, District Nursing and Health Visiting.

(a) MIDWIFERY**1. Midwives practising in the Area**

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health authority	12
(b) Staff midwife employed in the G.P. Maternity Unit	1
(c) Domiciliary midwives employed by Oxfordshire County Council in practice at the G.P. Maternity Unit	7
(d) Midwives in hospital practice employed by the Board of Governors of the United Oxford Hospitals	90
	<hr/>
	110
	<hr/>

2. Administration

The Establishment provides for a non-medical supervisor of midwives, one senior midwife and 10 midwives, including two part-time midwives employed to help in the care of hospital “early discharge” cases. The midwives continue to work in pairs attached to general practices and attend General Practitioner ante- and post-natal clinics.

3. General Practitioner Maternity Unit

This was the sixth year of operation of the General Practitioner Unit at the Churchill Hospital, but in July it was transferred to the new John Radcliffe Maternity Hospital where there are 12 beds on Level 6.

The hospital appointed a liaison sister in overall charge, but the actual staffing of the Unit remained the responsibility of the City Council.

Of the 646 patients admitted 576 were delivered in the Unit of which City of Oxford Midwives attended 395 (61.15%) including 21 mothers delivered by City midwives under consultant supervision. The transfer of patients to consultant care numbered 108 in the antenatal period and 48 during labour.

During the year 8 perinatal deaths occurred of infants born to patients originally booked for the Unit, giving an overall perinatal mortality rate of 12.4/1000.

4. Antenatal care

Patients booked for home or General Practitioner Unit delivery are carefully selected and antenatal care is provided by doctor and midwife working closely together. It is very much to the advantage of the mother if this care starts early in pregnancy, and the following table shows the number of midwives' bookings according to the period when antenatal care began.

<i>Gestation at Booking</i> <i>Period of Gestation</i> <i>at booking</i>					<i>Number of Bookings</i> <i>Domiciliary G.P. Unit</i>	
Under 12 weeks	..	..	..	..	33	237
12-16 weeks	..	..	..	..	18	102
17-20 weeks	..	..	..	..	3	10
21-24 weeks	..	..	..	..	2	12
25-28 weeks	..	..	..	..	nil	2
29-32 weeks	..	..	..	..	nil	2
33-36 weeks	..	..	..	..	2	1
Over 36 weeks	..	..	..	..	2	nil
Not known	..	..	..	..	1	8
					—	—
					61	374
					—	—

Only 4 mothers booked for delivery at home, and 5 for the G.P. Unit are known to have started antenatal care after the 24th week—but in most instances these patients had recently moved into the City.

At the end of the year 20 regular weekly G.P. antenatal clinics were being held—at which a midwife or her student were usually present.

During the year only 4 domiciliary bookings were cancelled, 3 for medical and 1 because of social reasons. Similarly 196 G.P. Unit bookings were cancelled for medical reasons. The small number of domiciliary bookings cancelled is indicative of the good selection of patients.

Specimens for antenatal blood tests were obtained mainly at hospital laboratories or by the doctor or midwife at G.P. antenatal clinics. A study of the haemoglobin records of the 435 cases delivered during the year shows the following distribution reading during late pregnancy (34-36 weeks)

<i>Haemoglobin in late pregnancy</i>						<i>Number of Cases</i>	
Hb.						<i>Domiciliary</i>	<i>G.P. Unit</i>
61 %–65 %	..	..	..	..	..	nil	1
9.0–9.4 gms %							
66–70 %	..	..	..	..	..	1	nil
9.5–10.2 gms %							
71 %–75 %	..	..	..	..	..	1	11
10.4–11.0 gms %							
76 %–80 %	..	..	..	..	..	8	78
11.1–11.7 gms %							
81 %–85 %	..	..	..	..	..	20	130
11.8–12.4 gms %							
86 %–90 %	..	..	..	..	..	12	98
12.5–13.2 gms %							
91 %–95 %	..	..	..	..	..	11	39
13.3–13.9 gms %							
96 %–100 %	..	..	..	..	..	3	9
14.0–14.8 gms %							
101 % & over	..	..	..	..	..	1	4
14.9 gms or over							
Not recorded	..	..	..	..	..	4	4
						—	—
						61	374
						==	==

It is satisfactory to record that only 2 patients (1 home and 1 unit patient) had haemoglobin levels of less than 10.2 gms % (70 %).

5. Work of Midwives

The following tables show the work of midwives during the year and include deliveries and visits carried out by student midwives.

Comments on the work of the midwives and on details of deliveries.

(i) One of the main features would seem to be the changing pattern of work in that a midwife now sees many more antenatal patients in clinics rather than doing home visits.

(ii) There was again a decrease in the number of domiciliary deliveries—61 compared with 79 in 1971. Deliveries of City resident patients at the G.P. Unit however increased to 395 (338) the total number of deliveries having risen to 456 (414). The domiciliary confinement rate thus fell to 4 % (5.6 %), but City midwives were still responsible for the care of over 30 % of City confinements.

(iii) No domiciliary or G.P. Unit maternal death occurred during the year.

(iv) One still-birth (premature) occurred at home and there was one

neonatal death of a baby born at home but transferred by flying squad to hospital. There were two neonatal deaths in the G.P. Unit.

(v) Of the mothers delivered at home a doctor was present at 40% cases (33% in 1971) and of mothers delivered in the Unit a general practitioner was present at 48% cases (45% in 1971).

(vi) There were no forceps deliveries in the domiciliary cases and the rate for the Unit was 3.6% (3.2% in 1971).

(vii) Of all infants attended by the domiciliary midwives at home or in the Unit 49% were fully breast fed at 14 days (52% in 1971). (see tables 5, 1 and 2).

In addition midwives made 1,244 visits for assessment purposes compared with 1,621 last year and 3,142 visits to patients discharged from hospital compared with 2,692 in 1971).

Domiciliary Cases

	Doctor present at delivery	Doctor not present at delivery	Total	Antenatal visits	Postnatal visits	Early discharge	Total visits
1972	24	37	*61	549	890	3142	4581
1971	26	53	79	1115	1438	2692	5245

*Of these patients six were originally booked for the G.P. Unit

General Practitioner Maternity Unit Cases

	Doctor present at Delivery	Doctor not present at delivery	Total	Antenatal Visits	Postnatal Visits	Total Visits
1972	186	209	395	4977	7690	12,667
1971	156	205	361	5298	7794	13,092

Patients seen at Clinics

Booked for Hospital—1545

Booked for Home and G.P. Maternity Unit—2840

6. Analysis of domiciliary deliveries

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total births	—	24	2	35	61
Still births	—	—	—	—	1
Twin deliveries					—
Death of baby at home					—
Forceps deliveries					—
Emergency Obstetric Service					—
Baby transferred to hospital					1
Mother and baby transferred to hospital					1
Mother and baby transferred to G.P. Maternity Unit					3

7. Analysis of deliveries at the General Practitioner Maternity Unit

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total births	108	78	53	135	374
Still births	—	—	—	—	—
Twin deliveries					1
Death of baby at the G.P. Maternity Unit					—
Forceps deliveries					9
Mothers transferred to Consultant Unit					48
Babies transferred to Consultant Unit					16

8. Transfer of patients to hospital

(i) *Domiciliary bookings*

During the year one mother was transferred to hospital in labour and one mother and baby transferred after delivery, whilst three mothers and babies were transferred to the G.P. Unit after home delivery.

(ii) *G.P. Unit bookings*

This year 48 (11.5%) mothers were transferred in labour to the Consultant unit compared with 55 (15%) in 1971. Three mothers were transferred following delivery and 16 babies were admitted to the special care unit. One mother had undiagnosed twins.

9. Parentcraft and Relaxation Classes

Evening classes were held at Cowley Clinic and East Oxford Health centre with the Assistance of General Practitioners, Midwives and Health Visitors; whilst at Summertown clinic midwives and health visitors were responsible for the teaching. Classes are now held in the new John Radcliffe Maternity Hospital with City midwives taking part along with health visitors and hospital staff.

10. Emergency Obstetric Service

The service was called out four times during the year—

Antepartum Haemorrhage	..	..	3
Retained Placenta	..	..	1

11. Medical Aid

In the following cases the midwife called on the assistance of the patient's G.P.

Medical Aid

1. *Mothers booked for delivery at home*

During pregnancy	..	..	..	..	..	3
In relation to labour	..	..	..	..	..	6
Early post natal period	..	..	..	..	..	5
Babies	..	..	..	..	..	7

2. <i>Mothers booked for delivery in the General Practitioner Maternity Unit</i>							
During pregnancy	..	..	..	..	..	..	22
In relation to labour	..	..	..	..	..	..	30
Early post natal period	..	..	..	..	..	..	18
Babies	..	..	..	..	..	..	33
							<hr/>
							103
3. <i>Medical aid was also called</i>							
Patient originally booked for consultant unit	..	..					1
Unbooked patients	..	..	..	..	..	..	2
							<hr/>
							3
These figures do not include calls when the doctor was needed for suturing only							
4. <i>Mothers discharged from hospital during the early post-natal period</i>							
Mothers	..	..	..	..	..	..	75
Babies	..	..	..	..	..	..	38
							<hr/>
							113

12. Care of mothers discharged from hospital during the puerperium

During the year mothers were discharged to the care of the midwife before the 10th day on 629 occasions, compared with 495 in 1971 and 438 in 1970.

Patients referred to midwives in order to assess the suitability of home conditions for either a domiciliary confinement or early discharge number 1,226 compared with 1,294 in 1971 and 1,196 in 1970.

13. Training of Student midwives

The single period training at the John Radcliffe Hospital continued with students undertaking community experience after 17 weeks in hospital.

During the year 33 students started their 12 weeks on the district, 31 took the examination of the Central Midwives Board with one failure.

14. Post graduate Education

One nursing officer attended a middle-management course at the Regional Hospital Board. Two midwives attended a Family Planning appreciation course. All midwives attended lectures arranged by the United Oxford Hospitals and by the local branch of the Royal College of Midwives. They have also attended regular sisters' meetings in the John Radcliffe Maternity Hospital.

15. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department, and subsequently the John Radcliffe Maternity Hospital.

Registered Births to Oxford Residents occurring in Oxford

	1966	1967	1968	1969	1970	1971	1972
Hospital deliveries	1,234	1,304	1,322	1,296	1,225	1,256	1,340
(including deliveries at General Practitioners Maternity Unit)	73%	82%	85%	89%	90%	94%	96%
Domiciliary deliveries	460	282	230	158	129	79	61
	27%	18%	15%	11%	10%	6%	4%

16. Maternal Deaths

One maternal death occurred during the year. This occurred in hospital four months after delivery and was due to an acute crisis in a case of sickle-cell anaemia.

(b) HEALTH VISITING

A full establishment of health visitors was maintained throughout the year with few changes in staff.

We now have six Field Work instructors—added to which a new health visitor post was created, with the proviso that 50% of her time should be taken up in the health education field.

All six health visitor students sponsored by the City for training at the Oxford Polytechnic in 1971 remained to complete their year working under contract.

The work of the health visitors again shows an increase towards total family care, the accent being as much on the care of the elderly as on maternal and child welfare.

Two study mornings were held during the year—one at the Eye Hospital and the other at Mary Marlborough Lodge Rehabilitation Unit at the Nuffield Orthopaedic Centre. There were also two additional visits to the Radiotherapy Department of the Churchill Hospital and the new John Radcliffe Maternity Hospital.

Regular staff meetings have been held each month at which a wide range of subjects have been discussed and speakers have talked on varying subjects such as Family Planning, Poster Display, Venereal Disease contact tracing, and Supplementary Benefits.

Home visits by Health Visitors during the year

Table I

The following table shows the visits during the year:—

To expectant mothers	771	2.1 %
To children born in 1972	7,049	} 54.8 %
To children born in 1967–1971	13,003	
To persons aged 5 years—64 years	4,151	11.4 %
To persons aged 65 years or over	8,438	23.1 %
To mentally disordered persons	1,483	4.0 %
To tuberculous households	110	} 4.6 %
To households visited on account of other infectious diseases	288	
Other cases	1,279	
	<hr/> 36,572 <hr/>	

Comments on these figures

- (i) All recorded visits are “effective” visits.
- (ii) Visits to expectant mothers are mainly to hospital booked patients. The number of hospital deliveries of City mothers was 945, the 771 visits therefore representing 81.5 % coverage.
- iii) The total number of visits to children under five years again increased slightly.
- (iv) Visits to persons aged 65 years and over were 8,438 as compared with 7,049 last year.

One health visitor continues to assist a general practitioner at his clinic for geriatric patients, and many health visitors visit patients in the geriatric wards, attend case conference and hold discussions with the medical social workers prior to admission and discharge.

- (v) Number of visits to the mentally disordered was again up on last year—showing the increasing needs of such patients in the community.

3. Health visitors’ work amongst immigrants

Health visitors have continued to keep a record of all immigrant and alien births occurring in their practices. Table II shows the numbers of children of each nationality born in the City during the last three years. Although the total number of births has decreased slightly the actual visits paid to these families have increased from 1,743 to 2,021.

The health visitors have been very grateful for the help given to them by an Indian nurse who has interpreted for them both in the child health clinics and in the patients’ homes in those practices where there is a high proportion of Pakistani families.



CASE CONFERENCE INCLUDING GENERAL PRACTITIONER, HEALTH VISITORS AND PSYCHIATRIC NURSE



CHILD HEALTH CLINIC AT EAST OXFORD HEALTH CENTRE

4. Liaison with hospitals

There has been close contact between the health visitors and hospital staff throughout the year. In the Paediatric Department health visitors attend ward rounds both at the Radcliffe Infirmary and the Churchill Hospital as well as the Outpatient clinics. Two health visitors visit the Maternity wards at the new John Radcliffe Hospital, and another acts as a link between the diabetic clinic and the patient's practice health visitor.

Also to promote closer working relationships there have been area meetings between social workers and health visitors—working lunches in various parts of the City as well as in the Isis (Psychiatric) Centre.

5. Work at child health clinics

One or more health visitors were present at the 1,489 child health clinic sessions, including the 748 sessions restricted to practice patients.

6. Teaching and health education

Health visitors are actively involved in teaching programmes for district nurses, student midwives, student health visitors, nurses in training from the United Oxford Hospitals, and sociology students.

They also take part in parentcraft classes with doctors and midwives and in particular undertake health education in schools and with groups. There have been slimming sessions in five centres for adults and weekly visits are paid to two schools where there are obese school children.

7. Courses

During the year two health visitors took a first line management course, one attended a Field Work Instructors course at Chiswick Polytechnic and another undertook a special study course in Paediatrics.

8. Health visitor students

Six students were sponsored by the City for the course commencing at the Polytechnic in September. Six students of the previous year were all successful in gaining their Health Visitors Certificate, and are now working in the Department.

Table 11
Immigrant and Alien Births

						1970	1971	1972
Total Births	..	..	..	..	..	1274	1246	1338
West Indian	..	..	..	..	..	45	38	19
Indian	..	..	..	..	..	14	28	29
Pakistani	..	..	..	..	..	60	52	50
African	..	..	..	..	..	9	5	11
Other Commonwealth Countries	..	..				13	15	16
Italian	..	..	..	..	..	20	13	12
Spanish	..	..	..	..	..	8	11	11
German	..	..	..	..	..	6	4	1
U.S.A.	..	..	..	..	..	25	13	17
Eire	..	..	..	..	..	43	42	41
Others	..	..	..	..	..	47	42	50
TOTAL Immigrant and Alien Births						290	263	257
Percentage Immigrant and Alien Births						22.7%	21.1%	19.2%

TOTAL number of visits paid by Health Visitors to these families 2021.

(c) DISTRICT NURSING

1. Staff

The Service has been well staffed throughout the year with a steady flow of applications for posts.

On December 31st the position was as follows:—

Nursing Officer	..	..	..	..	..	..	..	1
Senior District Nurses	..	..	..	..	..	..	..	3

District Nurses full-time

State registered with district training	..	..	..	..	11
State registered without district training	..	..	..	..	4*
State enrolled with district training	..	..	..	..	3
State enrolled without district training	..	..	..	..	2*

*(1 State registered and 2 State enrolled District Nurses completed the course of district training in December—result of examination awaited).

District Nurses part-time

State registered with district training	..	..	2	} = 3 full-time nurses
State registered without district training	..	..	8	
Nursing Aides	..	..	..	8 = 4 full-time assistants

District nurses continue to visit the surgical wards at the Radcliffe Infirmary to confer with the ward sisters and to gain or to give information regarding those patients about to be discharged.

One district nurse makes regular weekly visits to Cowley Road Hospital and is able to disseminate information to her colleagues—although the community staff are welcome to visit their own patients at any time and frequently do so.

During the autumn nearly all the tutors from the John Radcliffe School of Nursing came out to meet a group of district nurses, midwives and health visitors. This experiment proved very valuable in improving communications.

The number of patients cared for by the nursing aides has further increased, proving again their great value, especially in the care of the elderly patient.

In March another part-time trained nurse was appointed for evening work, which means that the three nurses now cover, between them, seven nights a week. This arrangement has proved a very worth while extension to the nursing service.

One of our senior nurses having completed 21 years service as a Queen's Nursing Sister was awarded her long-service badge, and subsequently in November, had the privilege of going to St. James' Palace to receive this from Her Majesty, Queen Elizabeth the Queen Mother.

2. Cases nursed during the year

Table 1 shows the source of new patients during the year and includes figures for the previous three years for comparison.

Table I

	1969	1970	1971	1972
General Practitioners	1854	1817	1738	1770
Hospitals	124	69	172	185
Direct application	41	18	13	10
Other sources	35	12	24	39
	2054	1916	1947	2004

There has been a further slight increase in the total number of referrals during the year—both from the hospitals and general practitioners.

The total number of visits increased (see Table 2) as did those to patients receiving more than 24 visits.

The number of late evening calls more than doubled following the appointment of an extra 'evening' nurse.

TABLE II
Classification of patients nursed during the year

	Number of cases attended				Number of visits		
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years
Medical	36	513	1,339	1,888	124	7,709	34,693
Surgical	17	358	307	684	85	4,018	10,192
Infectious Diseases	—	7	—	7	—	28	—
Tuberculosis	—	9	—	9	—	606	—
Maternal complications	—	4	—	4	—	14	—
	53	891	1,648	2,592	209	12,375	44,885
							57,469

Patients (included in the above table) who received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
611	42,261

Also included in the above table were 1494 visits paid in the late evening, 704 of which were for giving sedatives and 790 for other purposes.

Visits to patients over 65 years of age accounted for 78% of the total, compared with 77% last year.

3. Types of treatment given

Table 3 shows the treatment given during the past four years:—

Table III

	1969	1970	1971	1972
Injections—				
(1) Insulin	4,987	4,644	3,574	3,833
(2) Streptomycin	1,529	1,317	993	631
(3) Penicillin and other antibiotics ..	2,149	1,369	1,253	684
(4) Any other injections	8,284	7,755	7,922	6,351
Baths	9,287	9,737	10,361	11,328
Dressings	12,221	14,245	14,770	15,444
Enemas and bowel washouts	1,878	1,786	1,000	852
Genito-urinary treatments	793	731	528	324
General nursing care	14,738	15,702	14,488	15,205
Any other treatments	2,722	3,328	3,434	4,158
	58,588	60,614	58,323	58,810

There was a slight increase this year in the total number of treatments given. This is mainly accounted for by the increase in baths due to the number of elderly patients needing assistance. There was a further decrease in the total number of injections given, due to the increasing treatment of mobile patients at health centres.

4. Treatment at doctors surgeries and health centres

Analysis of the work undertaken by district nurses is shown in tables 4 and 5.

On the whole the work of the district nurses in doctors' surgeries has increased. At Summertown Health Centre however there was a decrease as a result of the appointment of a 'surgery' nurse in the early part of the year.

TABLE IV

Classification of patients

	Number of cases				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
<i>Blackbird Leys Health Centre Commenced 1960 Daily 4 p.m.</i>								
	98	887	53	1038	131	1,767	100	1,998
<i>Summertown Health Centre Commenced September 1967 Daily 4-5 p.m.</i>								
	11	139	31	181	16	175	70	261
<i>Manor Road Surgery Commenced November 1964 Daily 4.30-5.30 p.m.</i>								
	10	531	47	588	11	1,035	402	1,448
<i>Surgery, 12 Old High Street, Headington Commenced February 1965 Monday and Wednesday at 5.45 p.m. Friday 9.15-11.15 a.m.</i>								
	5	418	54	477	6	892	117	1,015
<i>Donnington Clinic, Henley Avenue (formerly Surgery, 274 Iffley Road) Commenced September 1966 Tuesday and Thursday at 4.30-7 p.m.</i>								
	10	379	42	431	13	625	106	744
<i>Surgery, 164 Oxford Road, Cowley Commenced October 1968 Daily 10.30 a.m. and alternate Saturdays</i>								
	11	147	30	188	20	433	130	583
<i>Surgery, 58 Hollow Way, Cowley Commenced November 1969 Monday and alternate Wednesday 4.30 p.m.</i>								
	1	101	31	133	2	215	78	295

TABLE IV (continued)
Classification of patients

	Number of cases				Number of visits			
	Under 5 years	5-64 years	Over 65 years	Total cases	Under 5 years	5-64 years	Over 65 years	Total visits
<i>Bury Knowle Clinic Premises, Headington Commenced January 1969 Wednesday, 10.15- 11 a.m.</i>								
	1	31	9	41	1	55	22	78
<i>Surgery, 44 St. Giles' Commenced November 1969 Thursday, 10.15 a.m. (when necessary)</i>								
	—	17	3	20	—	35	2	37
<i>Surgery, 64 Godstow Road Commenced April 1970 Thursdays 3-4 p.m.</i>								
	2	39	10	51	2	119	73	194
<i>Surgery, 50 Horspath Road Commenced December 1971 Fridays 9.30 a.m.</i>								
	—	39	7	46	—	103	14	117
<i>Surgery, 310 London Road, Headington Commenced December 1971 Fridays 4.15-5 p.m. and alternate Tuesdays</i>								
	4	44	7	55	6	99	39	144
<i>Surgery, 172 Banbury Road Commenced November 1972 Tuesdays 10.30 a.m.</i>								
	1	19	3	23	1	22	4	27

TABLE V

Types of treatment given

	Blackbird Leys Health Centre	Summer- town Health Centre	Manor Road Surgery	Surgery, 12 Old High Street Headington	Donnington Clinic, Henley Avenue	Surgery, 164 Oxford Road Cowley	Surgery, 58 Hollow Way, Cowley	Bury Knowle Clinic Premises,	Surgery, 44 St. Giles'	Surgery, 64 Godstow Road	Surgery, 310 London Road,	Surgery, 50 Horspath Road	Surgery, 172 Banbury Road
Injections	79	—	56	—	—	—	—	—	—	—	—	—	—
Streptomycin	87	19	10	—	—	9	—	—	—	—	1	—	—
Pencillin and other antibiotics	—	—	15	—	—	26	—	—	—	—	16	—	—
Insulin	40	1	5	5	17	88	1	5	—	—	35	12	—
Iron	106	10	323	33	46	—	72	14	1	72	—	5	4
Vitamin	25	15	24	125	29	—	56	17	22	17	1	12	—
De-sensitising	27	1	31	—	—	10	16	—	—	—	—	—	—
Sedatives	—	—	—	—	—	1	—	—	—	—	—	—	—
Diuretic	96	16	13	19	53	11	2	—	1	2	24	4	2
Gland and hormonal	113	73	262	293	249	59	48	24	13	8	7	3	21
Prophylactic inoculations	1006	77	623	100	107	378	63	—	—	64	16	45	—
Dressings	—	3	6	—	5	—	—	—	—	2	2	—	—
Genito-urinary treatment	—	23	47	70	55	—	26	17	—	28	34	—	—
Ear Syringing	76	—	—	102	97	—	—	—	—	—	—	—	—
Cervical Cytology	—	—	—	22	—	—	—	—	—	—	—	—	—
Haemoglobin estimations	—	—	—	—	—	—	—	—	—	—	—	—	—
Blood pressure estimation,	14	—	—	191	41	—	—	—	—	—	—	—	—
urinalysis and weighing	332	24	35	59	46	7	11	1	—	1	—	—	—
Miscellaneous	—	—	—	—	—	—	—	—	—	—	—	—	—
	2001	262	1450	1019	745	589	295	78	37	194	136	117	27

5. Training School

Two courses of training were held during the year, in May and September. The examination was taken by 20 students, one on the September course withdrawing because of an accident. All in the May course passed at the first attempt, but as the examination for the September course was not held until the 11th January 1973 the results are not yet known.

The students were classified as follows:—

S.R.N.	{	Oxford	..	..	..	3
		Oxfordshire	..	..	..	10
		Berkshire	..	..	..	1
S.E.N.	{	Oxford	..	..	..	2
		Oxfordshire	..	..	..	4
		Buckinghamshire		..	..	1
						—
						21

6. Courses and lectures

Two nurses attended an Advanced Practical Work Instructors Course in London, and two nurses went to Reading for the course for Practical Work Instructors.

During the year an in-service training course was organised for the Nursing Aides.

District Nurses have given talks to Red Cross cadets and V.A.D.s, home helps, medical receptionists attending the College of Further Education and have taken part in seminars for medical students.

7. Medical Loan Service

The grant to the British Red Cross Society required a substantial addition this year. The administrative costs have been kept constant mainly due to the excellent work done by Mrs. Redman. The larger grant was necessary to meet an increased demand as shown by a comparison between the 1971 and 1972 figures. There are several reasons for this increase. Advances in medicine mean that more disabled people survive. A change in emphasis of the type of care given has resulted in many more of the disabled being discharged from hospital to live in the community. Patients are being discharged earlier but still require hospital-type facilities such as walking aids and commodes. Voluntary and statutory organisations have found many more people in need as the result of an active approach following the Chronically Sick and Disabled Persons Act.

The total amount of need is no greater but a higher proportion is required in the community. The greatest increase has been in the supply of the most expensive items such as hoists costing £90 and ripple beds £50.

The quality of the service provided has not altered and remains a striking tribute to the ability and dedication of the staff and helpers of the Red Cross.

Equipment							1971	1972
Air rings	..	..	..	..	..	..	90	140
Baby scales	..	..	..	..	..	..	3	3
Bed blocks	..	..	..	..	..	..	27	23
Bed cradles	..	..	..	..	..	..	94	120
Bed and mattress	..	..	..	..	..	..	7	13
Bed pans	..	..	..	..	..	..	94	170
Bed rests	..	..	..	..	..	..	112	134
Bed tables	..	..	..	..	..	..	6	7
Commodes	..	..	..	..	..	..	244	366
Crutches (pairs)	..	..	..	..	..	..	19	18
Electric bells	..	..	..	..	..	..	2	2
Feeding cups	..	..	..	..	..	..	17	19
Fracture boards	..	..	..	..	..	..	28	43
Hoists, electric	..	..	..	..	..	..	4	2
Hoists, independent	..	..	..	..	..	..	11	7
Hoists, personal	..	..	..	..	..	..	10	24
Infra red lamps	..	..	..	..	..	..	7	3
Medical sheep skin	..	..	..	..	..	..	13	35
Padded bed rests and wedges			..	..	..	..	9	—
Ripple beds	..	..	..	..	..	..	29	39
Rubber sheets	..	..	..	..	..	..	70	133
Sanitary chairs	..	..	..	..	..	..	4	2
Sorbo rings	..	..	..	..	..	..	7	—
Urinals	..	..	..	..	..	..	63	99
Walking aids	..	..	..	..	..	..	215	242
Walking sticks	..	..	..	..	..	..	43	51
Wheelchairs	..	..	..	..	..	..	236	192
TOTAL LOANS	..	..	..	..	..	..	<u>1464</u>	<u>1887</u>

SECTION IX

CHILD HEALTH

Report by Dr. JOAN GRAY
Principal Medical Officer

1. Premature Babies

Birth notifications included 110 live born and 19 still-born premature infants weighing $5\frac{1}{2}$ lb. or less and as a result these were officially classed as premature. Corresponding figures for 1971 were 85 live births and 12 still-births. Of the 451 larger premature babies i.e. between 5 and $5\frac{1}{2}$ lbs. in weight, 4 were born at home, one being a still-birth. (see Table I)

2. Child Health Clinics

There has been a steady decrease in the number of clinic attendances during the past few years, reflecting the declining birth rate and in 1972 the total attendance was 27,206 as compared with 30,026 in 1971. The number of individual children attending was 5,563, as compared with 5,855 in the preceding year.

As a result of these decreasing numbers some reorganisation of Clinics took place at the beginning of the year to preserve valuable professional time without decreasing the services available to mothers. 15 General Practitioners and 11 Local Authority Clinics are now held weekly and 2 General Practitioner and 5 Local Authority Clinics are held fortnightly. In some instances the Clinic is held for one hour where it was previously held for two. (see Table II)

Medical Work at Clinics

Medical Officers and General Practitioners continued to keep a record of their work.

There were 1,489 sessions at which a Doctor was present and altogether children under 5 years of age were seen by a doctor on 15,832 occasions (16,140 in 1971).

The following table gives a summary of the reasons for which children were seen by a Doctor:—

		1972	1971
Immunisation and vaccination	5857	37%	38%
Routine Medical Examinations			
Initial	1473	32%	29%
6 months	727		
1st year	1125		
2nd year	767		
3rd year	580		
4th year	329	31%	33%
Consultation in relation to a problem ..	4974		

Table I
Weight, place of birth and survival of premature babies (corrected notifications)

Weight at birth	Premature live births														Premature stillbirths
	Born at home or in a nursing home														
	Born in hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day						
	Died				Died				Died						
	(1) Total births	(2) within 24 hours of birth	(3) in 1 and under 7 days	(4) in 7 and under 28 days	(5) Total births	(6) within 24 hours of birth	(7) in 1 and under 7 days	(8) in 7 and under 28 days	(9) Total births	(10) within 24 hours of birth	(11) in 1 and under 7 days	(12) in 7 and under 28 days	(13) in hospital	(14) at home or in a nursing home	
2 lb. 3 oz. or less	2	2	—	—	—	—	—	—	—	—	—	—	4	1	
2 lb. 4 oz.—3 lb. 4 oz.	3	1	—	—	—	—	—	—	—	—	—	—	9	—	
3 lb. 5 oz.—4 lb. 6 oz.	26	—	2	1	—	—	—	—	—	—	—	—	2	—	
4 lb. 7 oz.—4 lb. 15 oz.	34	2	—	—	—	—	—	—	—	—	—	—	2	—	
5 lb.—5 lb. 8 oz.	45	2	—	—	2	—	—	—	1	—	—	—	1	—	
	110	7	2	1	2	—	—	—	1	—	—	—	18	1	

Table II Attendances at Child Health Clinics

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
		1972	1971	1970-67		Under 1 year	1 but under 2 yrs.	2 but under 5 yrs.			
Barton	61	55	59	63	177	767	136	68	1,032	52	19.85
Blackbird Leys (1.1.72-31.10.72 - 2 clinics weekly) (1.11.72-81.12.72 - 1 clinic weekly)	67	63	103	139	305	744	218	176	1,225	96	12.76
Blackbird Leys (General Practice clinic A Re-opened 8.5.72)	35	37	13	31	81	280	47	51	413	31	13.33
Blackbird Leys (General Practice clinic B—2 clinics weekly)	80	74	77	191	342	994	316	328	1,718	104	16.52
Bury Knowle, Headington	81	71	64	136	271	742	151	145	1,119	52	21.52
Bury Knowle, Headington (General Practice clinic—2 clinics - 1 weekly and alternate weeks)	65	97	104	167	368	800	109	113	1,087	79	13.76
Cowley	53	52	61	122	235	624	165	195	1,037	48	21.60
Cowley (General Practice clinic A)	45	44	53	118	215	646	238	296	1,225	51	24.02
Cowley (General Practice clinic B)	43	38	46	98	182	687	176	173	1,079	51	21.16
Donnington	38	39	41	49	129	435	100	54	627	52	12.06
Donnington (General Practice clinic)	38	38	42	44	124	506	63	58	665	50	13.30
East Oxford	83	80	90	90	260	910	192	88	1,273	48	26.52
East Oxford (General Practice clinic A)	62	64	40	100	204	704	164	140	1,070	51	20.98
East Oxford (General Practice clinic B)	96	76	109	83	268	949	244	118	1,407	52	27.06
East Oxford (General Practice clinic C)	41	32	30	63	125	515	122	214	892	50	17.84
New Marston (Clinic held fortnightly)	28	25	30	30	85	230	40	42	340	24	14.17
Northway (clinic held fortnightly)	34	38	41	51	130	339	92	63	528	28	18.86
Rose Hill Community Centre	61	62	77	55	194	928	107	42	1,138	52	21.88
St. Barnabas (clinic held fortnightly)	42	34	28	43	105	384	102	75	603	27	22.37
St. Barnabas (General Practice clinic)	53	40	34	40	114	522	104	104	783	51	15.35
South Oxford (clinic held fortnightly)	36	33	40	39	112	272	77	63	448	28	16.00
South Oxford (General Practice clinic)	34	25	41	79	145	386	206	184	810	51	15.88
Summertown, S. Parade (2 clinics weekly)	172	145	141	220	506	1,562	391	333	2,458	103	23.86
Summertown Health Centre—(General Practice clinic)	77	79	67	154	300	736	175	160	1,148	51	22.51
West Oxford (clinic held fortnightly)	33	35	33	51	119	351	96	40	520	28	18.57
Wolvercote	37	31	23	67	121	504	112	126	779	52	14.98
Wood Farm Health Centre	46	48	58	86	192	623	144	102	915	51	17.94
12 Old High Street, Headington (General Practice clinic)	28	34	26	50	110	373	77	137	615	51	12.06
288 Iffley Road (General Practice clinic held fortnightly)	19	16	17	11	44	178	25	30	252	25	10.04
	1,589	1,505	1,588	2,470	5,563	17,711	4,189	3,718	27,206	1,489	18.27

* Included in the above figures are attendances made by children living in the county (413 children made a total of 2,041 attendances)

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the Doctor:—

Feeding Problems	..	..	..	344
Physical Illness or Defect	..	..	..	3723
Fitness for Prophylaxis	..	..	..	442
Behaviour Problem	..	..	..	172
Other	..	..	..	293
				4974

The following table shows the number of children referred elsewhere for treatment:—

Family Doctors	..	..	153
Hospital Depts.	..	..	80
			233

The work undertaken also shows the trend of past years, approximately a third of time being given each to immunisation and vaccination, developmental paediatric examinations and consultations.

3. National Welfare Foods, Medicaments and Flouride Drops

National Welfare Foods are distributed during office hours at Greyfriars and at every Child Health Clinic.

The number of items distributed were as follows:

	At Health Department		At clinics		Total	
	1971	1972	1971	1972	1971	1972
National Dried Full Cream and Half Cream Milk ..	551	450	7,889	4,719	8,440	5,169
Concentrated A. D. & C. Drops	110	144	2,669	5,610	2,779	5,754
Packets of Vitamin Tablets	104	29	667	272	771	601
Concentrated Orange Juice	2,387	418	29,537	6,742	31,924	7,160
	3,512	1,041	40,762	17,643	43,914	18,684

As from November 1971, concentrated orange juice was withdrawn and replaced by concentrated A.C. & D. drops, cod liver oil being withdrawn entirely. This change is reflected in the figures, those for concentrated orange juice being in respect only of sales of remaining stock.

The drop in sales of National Dried Milk reflects changed policy in infant feeding at the new Maternity Hospital, from which most infants are discharged on a proprietary brand of half-cream dried milk.

A small range of simple medicaments including ascorbic acid tablets, Vitamin A. & D. drops and an iron preparation are kept at the clinics.

As no progress with fluoridation of the water supply was made during 1971, fluoride drops were made available in three Child Health Clinics at the beginning of the year.

Each plastic dropper bottle contains enough for 6 weeks, the dose being 5 drops per day. They are intended for expectant mothers and children up to 8 years of age as a dental caries preventive. Each bottle costs 6p, and posters bearing the slogan 'Dental Health for 1p per week' were displayed. By the end of the year, drops were obtainable in twenty-six Child Health Clinics and at the Health Department. A total of 1,721 bottles had been sold, of which 635 were issued to new patients and 1,086 to subsequent users.

4. Teaching

The clinical teaching of medical students continued at four clinics, three taken by Local Authority Doctors and one by a General Practitioner.

General Practitioners attending postgraduate courses, student health visitors, student midwives and nurses in training also attended clinics for observation and instruction.

5. Register of Handicapped Pre-school Children (Dr. Cynthia Phillips)

The registration of handicapped or potentially handicapped pre-school children has continued. The initial notification is the responsibility of the health visitor, who subsequently reports on the child's progress at regular intervals to the medical officer keeping the register. Information about the children is passed on to the Social Services Department or to the School Health Service when it becomes apparent that some special action will have to be taken. In this way, every effort is made to ensure adequate support for the parents, and an assessment of the child's educational needs before he reaches school age.

There were 85 children on the register at the end of the year, 28 of them being new cases with the following handicaps:

Mental retardation	..	..	9
Congenital abnormality or disease			8
Neurological disease	..	..	5
Defective hearing	..	..	2
Other	..	..	4

All children were cared for at home except for one child at Bradwell Grove Hospital, one at Borocourt Hospital and one in the intensive care unit, Radcliffe Infirmary. Seven children attend the Playgroup for the

mentally handicapped, 1 child attended the Spastics Day Centre and 16 were at Nursery Schools or Nursery classes.

Three handicapped children died during the year.

6. Notification of Congenital Abnormalities

This was the ninth year of notification to the Registrar General of all congenital abnormalities. The total number of infants registered was 34 an incidence of 23.4 per thousand compared with 22.7 in 1971. The total number of abnormalities found was 44, an incidence of 34.07 per thousand compared with 28.4 last year. These abnormalities occurred in 7 live-born and 2 still-born female infants and 23 live-born and 2 still-born male infants. Twelve of these infants were born in the G.P. Unit, 20 in hospital and 2 at home.

The 3:1 male to female disparity is accounted for by the increased incidence of hypospadias and epispadias, 11 cases being reported, as compared with 1 case in 1971. As a result, each case was carefully investigated in respect of any illnesses the mother may have had during pregnancy, any drugs she may have taken, whether there was any familial history of the condition and whether oral contraceptives had been taken prior to conception. Despite careful investigation, no common causal factors were found, and it is now accepted that previously there had probably been under-reporting of this condition.

Of the still-born infants, 3 were born in hospital and 1 anencephalic baby was born very prematurely at home. Of the three born in hospital, one was anencephalic, one hydrocephalic and the third had "fixed-traction" syndrome. All were under 36 weeks gestation.

The following table shows the distribution of abnormalities and includes figures for the previous four years for comparison:-

	1968	1969	1970	1971	1972
Central nervous system	7	7	6	11	8
Eyes and ears	1	1	1	1	3
Alimentary system	2	2	4	5	5
Heart and great vessels	—	1	3	—	2
Respiratory system	—	1	—	—	1
Uro-genital system	4	5	1	1	11
Limbs	10	9	12	11	10
Other skeletal	—	1	1	5	2
Other systems	3	—	3	4	—
Other malformations	4	6	2	2	2
	31	33	33	40	44
Incidence per 1,000 total births	20.0	23.8	24.6	28.4	34.07

The age and parity of the mothers is shown in the following table:

Age in years	Parity							Total
	0	1	2	3	4	5	6	
15-19	6	3	—	—	—	—	—	9
20-24	4	4	—	1	—	—	—	19
25-29	4	3	2	1	1	1	—	2
30-34	—	1	1	—	—	—	—	2
35-39	—	—	—	—	1	—	1	2
40 years and over	—	—	—	—	—	—	—	—
	14	11	3	2	2	1	1	34

Comparative maternal age incidence for the years 1968-72 is shown in the following table:—

Age in years	1968	1969	1970	1971	1972
15-19	5	3	9	6	9
20-24	6	12	11	16	9
25-29	6	7	7	7	12
30-34	5	2	—	2	2
35-39	—	2	—	—	2
40 years and over	1	—	—	—	—
	23	26	27	31	34

7. Infant Deaths

There were 22 infant deaths of whom 14 died within the first week of life, and of these 11 died within the first 24 hours of life. The 14 infant deaths in the first week of life all occurred in hospital and were due to the following causes:—

Prematurity	..	..	..	..	5
Anencephaly	..	..	..	..	1
Respiratory failure (R.D.S.)	..	..	..	..	3
Congenital heart conditions	..	..	..	..	2
Septicaemia and peritonitis	..	..	..	..	1
Multiple abnormalities	..	..	..	..	2

Of the remaining 8 infants, 2 only were designated “sudden death in infancy syndrome” or “cot deaths”.

This is a considerable decline compared with the number reported in previous years (6 in 1971) and though possibly due in some part to the mild weather conditions during the period January—March 1972, must also be due to the increased support and supervision of “at risk” families on the part of the Health Visitors.

As in previous years a confidential enquiry was carried out by the Health Visitor into each of the “cot deaths”. One infant was a coloured child

placed with an excellent foster-mother of long-standing experience, the other the seventh child of a well-known problem family. Of the other 6 children, 2 had hydrocephalus and meningocoele and died at 7 months and 5 months, 2 severely multiple handicapped children died of bronchopneumonia and septicaemia respectively at 7 months and 1 month, and 2 children aged 9 months and 5 months died post-operatively following surgical intervention in acute abdominal conditions.

It is also of interest to note that 3 children died during the year aged $4\frac{1}{2}$ years. Each had survived to this age with severe congenital defects. A fourth child died aged $4\frac{1}{2}$ years following abdominal surgery.

The whole picture of the previous two sections indicates the present national trend of severely handicapped children surviving birth but succumbing to their defects within either the first month of life or later in childhood, to intercurrent conditions.

8. Screening for Phenylketonuria

Routine screening for phenylketonuria and other inborn errors of metabolism by paper chromatographic methods continued and 1,301 infants were tested representing 93% cover for all City born infants.

Of the total examined 46 gave doubtful reactions and were retested, of which one only was found to have true genetic cystinuria requiring referral for observation.

9. Adoption Act 1958 (Dr. Cynthia Phillips)

The Social Services Department acting as an Adoption Agency is responsible for the placing of babies for Adoption. On its behalf eleven babies were examined during the year. For four of them who were already attending a Paediatrician, advice about progress and future development was sought. All the cases were discussed fully with the Social Workers concerned so that the prospective adopters could be advised of any possible future problems.

A doctor from the Health Department advises the Adoption Subcommittee of the Social Services Committee about the medical aspects of cases when the suitability of prospective adopters is under consideration. The Social Services Department obtains a medical report in all cases, but frequently further information has to be sought from the family doctor or consultant or the couple have to be interviewed.

Nineteen cases (33 in 1971) were considered during the year, fifteen of these being for a second child or a "hard-to-place" one.

SECTION X

IMMUNISATION AND VACCINATION

Report by Dr. P. HARKER,
Senior Medical Officer

The local schedule for routine immunisation in infancy remained unchanged.

The schedule is:

4th, 5th and 6th month	..	..	..	..	triple antigen
7th, 8th and 9th month	..	..			oral poliomyelitis vaccine
10th month	..	..	..	..	measles vaccine

1. Immunisation against Diphtheria, Pertussis and Tetanus

The following table shows the number of primary immunisations and reinforcing injections given.

Number of Children who completed	Children born in years					Others under 16	Total for 1972	Total for 1971
	1972	1971	1970	1969	1965- 1968			
A. Primary Immunisation								
1. Triple Antigen ..	500	804	25	5	5	—	1,339	1,433
(DTP/Vac)								
2. Combined Dip/Tetanus Prophylactic (DT/Vac/PTAH) ..	5	9	1	4	65	12	96	97
Totals	505	813	26	9	70	12	1,435	1,530
B. Booster injections								
1. Triple Antigen ..	—	1	4	2	10	1	18	12
(DTP/Vac)								
2. Combined Dip/Tetanus Prophylactic DT/Vac/PTAH ..	—	—	1	2	1,340	90	1,433	1,556
Totals	—	1	5	4	1,350	91	1,451	1,568

General practitioners were responsible for giving 10 of the primary courses. The remainder were given at the Child Health Clinics, either by family doctors or the departmental medical staff. General practitioners are subsequently notified on Form E.C.7 when children on their lists have completed a course of immunisation.

Adsorbed triple antigen has been used throughout the year, and reactions have been recorded by the clinic doctor or Health Visitor at the next visit to the clinic. The table below shows the number of reactions following each of the injections given.

	General reaction				Local reaction			
	1st injection	2nd	3rd	Total	1st injection	2nd	3rd	Total
Number	135	99	57	291	121	101	27	249
Percentage of each injection	10.1	7.4	4.2		9.1	7.3	2.0	
Percentage of all injections				1972 7.2	1971 6.1			1972 6.2 | 1971 6.0

Reactions to primary triple antigen were mild. Fever (1%) and transitory local nodules (3%) followed the injections given.

A survey of Health Visitors records of two year old children showed that 97% of these children had received full courses of triple antigen.

1963	..	..	..	..	..	..	89%
1964	..	..	..	..	..	..	90%
1965	..	..	..	..	..	..	93%
1966	..	..	..	..	..	..	93%
1967	..	..	..	..	..	..	92%
1968	..	..	..	..	..	..	94%
1969	..	..	..	..	..	..	96.5%
1970	..	..	..	..	..	..	96%
1971	..	..	..	..	..	..	96.5%
1972	..	..	..	..	..	..	97%

The 3% unprotected represents only 27 children.

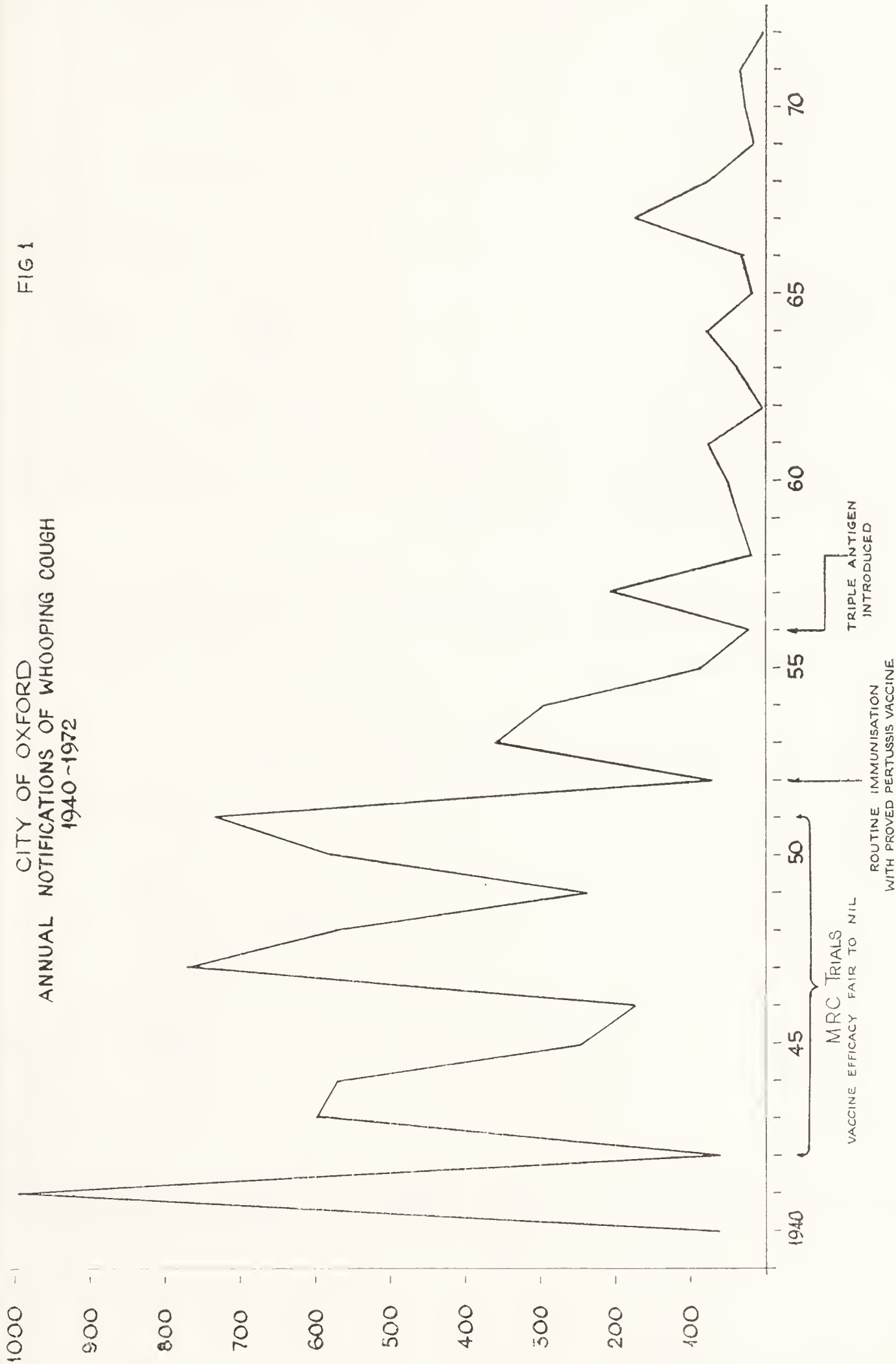
There was a remarkable decrease in the number of cases of whooping cough notified. Of the three cases, one occurred in a 44 year old woman, one in a 7 year old unimmunised child and one in a two year old child who had received only one triple antigen injection at four months of age. Notifications of whooping cough since 1940 (figure 1) show a wave pattern which suggests that the prospect of eradicating this disease continues to improve despite some doubts expressed a few years ago concerning the efficacy of pertussis vaccine.

2. Poliomyelitis Vaccination

The following table shows the number of primary courses completed and the number of reinforcing doses given.

FIG 1

CITY OF OXFORD
ANNUAL NOTIFICATIONS OF WHOOPING COUGH
1940 ~ 1972



						Sabin vaccine	
						Full course	Booster doses
Children born in 1972	..	..	..	..	..	181	—
Children born in 1971	..	..	..	..	..	1,041	1
Children born in 1970	..	..	..	..	..	73	3
Children born in 1969	..	..	..	..	..	14	4
Children born in 1965–1968	..	..	..	..	..	99	1,352
Others under 16	..	..	..	..	..	23	64
Total 1972	..	..	..	..	..	1,431	1,424
Total 1971	.	..	..	..	..	1,461	1,666

A number of children entering school are given a full course of vaccine if there is doubt about their immunisation state, and 116 received a full course this year compared with 108 last year and 97 in 1970. Reinforcing doses are given routinely at school entry.

The immunisation rate for poliomyelitis, as judged on the Health Visitors' returns for children born in 1970 is 95%. The 5% unprotected represents only 49 children.

The position for the last eight years is shown below:—

<i>Year</i>							<i>Vaccination Rate</i>
1966	..	..	..	..	..	..	93%
1967	..	..	..	..	..	..	91.6%
1968	..	..	..	..	..	..	93%
1969	..	..	..	..	..	..	95.5%
1970	..	..	..	..	..	..	95.5%
1971	..	..	..	..	..	..	95%
1972	..	..	..	..	..	..	95%

Local factories and hospitals are supplied with vaccine on request, the United Oxford Hospitals receiving 2,140 doses and factories 40 doses.

3. Measles Vaccination

The lowest number of notified cases of measles since the introduction of immunisation was only to be expected after the epidemic of the previous year. The following table shows the pattern of measles in Oxford since 1966.

Year	Number vaccinated	Cases of measles notified	Cases in the vaccinated	Comments
1966	2,167	448	8	Intensive measles vaccination began in May.
1967	2,397	321	14	Epidemic year in surrounding areas.
1968	2,113	306	19	Change from Killed and Live to Live vaccine alone in June.
1969	1,398	193	21	Expected epidemic did not appear in Eng. & Wales.
1970	1,544	66	8	Epidemic year in surrounding areas.
1971	1,205	361	60	Epidemics in some surrounding areas.
1972	1,301	50	6	Epidemics in two nearby areas
Total	12,125	1,745	136	

The age distribution of the six cases occurring in the vaccinated this year was similar to that of all cases.

Age distribution of Cases of measles in 1972

	0-	1-	2-	3-	4-	5-	10-	15-	Total
All cases	6	2	6	4	3	24	2	3	50
Cases in the previously vaccinated	-	1	1	1	-	3	-	-	6

At least 19 cases were related to two primary schools, with 16 children at these schools and 3 younger sibling contacts affected. The 16 school-children were all under 9. Judged by immunisation records and recording of natural measles on school cards it was estimated that about one third of the population in each school might be non immune to measles. In the light of this finding and a study of the previous years epidemic it was decided that a greater attempt to offer measles immunisation to the nursery school and early junior school populations must be made. Efforts to improve the routine vaccination rate continue. Health Visitor returns on two year old children this year showed that 83% have been vaccinated. The vaccination rates for the last six years are as follows:—

Year	Vaccination rate
1967	53%
1968	66%
1969	76%
1970	76.5%

<i>Year</i>							<i>Vaccination Rate</i>
1971	..	..	..	..	..	..	81%
1972	..	..	..	..	..	..	83%

The 17% unprotected represents 182 children but 33 of these were reported to the Health Visitors as having had measles.

The vaccine surveillance scheme undertaken on behalf of the Medical Research Council has continued satisfactorily, and 1,243 (95%) have been followed up. A report on the scheme covering June 1970—August 1971 showed that 11.2% of children immunised developed a rash, 13.4% fever, 0.33% bronchitis and 0.13% otitis media. Two children had been admitted to hospital, one with a febrile convulsion and one with gastro-enteritis. General Practitioners saw 6.3% of children following vaccination and accordingly increased emphasis was placed on the nature of General Practitioner consultation. During 1972 eight such children were seen who required therapy for otitis media (3), otitis media and bronchitis (1), croup (1) and bronchitis (3).

It seems therefore that morbid side effects, which might be the result of measles vaccination, are uncommon.

4. Rubella Vaccination

In accordance with national policy the age of routine vaccination for girls was lowered this year so that 12 year olds as well as 13 year olds in maintained and non-maintained schools were offered vaccination from May onwards. 1,168 girls were vaccinated with no reports of serious reactions. There was a 92% acceptance rate.

Blood tests for rubella antibodies and subsequent rubella vaccination of seronegative persons have been offered to departmental nursing staff, day nursery staff and women teachers in City schools. A total of 20 women were tested of whom 7 (35%) were seronegative and therefore vaccinated. The reduction in numbers (126 were tested last year) suggests that a demand has largely been met but annual invitation will continue.

5. Vaccination for Travellers

(a) *Yellow Fever*

Oxford is one of the approved centres for yellow fever vaccination, and a clinic is held weekly on Tuesday at 2.0 p.m. A fee of £1 is charged.

A total of 1,234 vaccinations were performed, which represents the expected steady increase over previous years, as the following table shows:-

1966	..	..	..	..	..	..	667
1967	..	..	..	..	..	..	845
1968	..	..	..	..	..	..	978

1969	..	..	..	..	..	..	1,073
1970	..	..	..	..	..	..	1,120
1971	..	..	..	..	..	..	1,213
1972	..	..	..	..	..	..	1,234

This vaccination is required for travellers to equatorial Africa and South America. Current trends were reflected by the large number of persons holidaying in the Seychelles, and of young people travelling overland and living 'rough'. For some of these, travelling as much as thirty miles to Oxford and then attempting to park and find the Health Department is the most arduous part of their journey!

(b) *Other diseases*

Travellers are asked to consult their family doctor for any other vaccinations needed. Advice is given to many people as to the necessity for other prophylactic inoculation, both at the clinic and by telephone.

6. Immunisation of Staff

A check was made on the smallpox vaccination status of medical, nursing, ambulance staff and public health inspectors and vaccination was offered to all those who had not been vaccinated for three years or more.

SECTION XI

INFECTIOUS DISEASES

Report by Dr. E. P. LAWRENCE
M.B., B.Ch., M.F.C.M., D.P.H., D.T.M. & H.
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

There were no changes in notification procedure. Glandular fever has remained a notifiable disease throughout the year, but the Order will require renewal in 1973. The decline in notification of all infectious diseases resulted in nil returns on three separate weeks during the year—a notable achievement.

Streptococcal Infection

There were six notifications of scarlet fever. There was a small outbreak involving three patients at the Park Hospital, and there were three sporadic cases. This disease has almost disappeared from the community despite the continued prevalence of the beta haemolytic streptococcus.

Whooping Cough

There were only three notified cases (one adult and two children) which is very close to the lowest total ever notified, in 1962, when there were two cases.

Diphtheria and Poliomyelitis

No cases occurred.

Diphtheria was last notified 23 years ago and poliomyelitis six years ago; the latter was a single isolated case of an adult. No child has suffered from poliomyelitis within the past fifteen years.

Measles

Only 50 cases were notified—the lowest total ever recorded since the freak year of 1954, when 13 cases followed a very large epidemic in the previous winter, resulting in 2,376 cases. However, there is still scope for greater efforts at immunising schoolchildren and school doctors have been reminded of this important part of their work. That vaccination continues to give a high rate of protection is shown by the fact that only six cases had been vaccinated out of the total of 50 who developed the illness.

Acute Meningitis

Six cases were notified this year. One was due to the meningococcus and the remainder were viral in origin.

Acute Encephalitis

No case was notified.

Bacillary Dysentery

Of sixteen cases notified, ten were in one small outbreak of flexner dysentery in which the cause could not be determined, but in which there was evidence of passage of the infection from child to child in a small group of related families. One other case of flexner dysentery was imported from Pakistan and there were five sporadic cases of sonne dysentery.

Typhoid and Paratyphoid Fevers

A veterinary surgeon spent eleven days in Mexico in May, where he contracted chloramphenicol resistant typhoid. His disease responded to ampicillin, but, unfortunately, towards the end of the course he developed increasing sensitivity and the drug had to be withdrawn. He had one slight relapse and then made an uneventful recovery, except that he remained a urinary carrier for a month. He was treated with septrin for his urinary carriage and this drug was effective. This case of typhoid generated some apprehension in high places, but fortunately we had no secondary cases. The Public Health Laboratory could not have been more helpful throughout this man's illness and spared no effort as each new problem arose.

Another case of typhoid, this time the normal chloramphenicol sensitive variety, was brought back from Pakistan by a little girl of three. She developed a P.U.O. but was not particularly ill and after diagnosis was treated and recovered fairly rapidly. Her mother, who also had a fever at the same time, was found not to have typhoid but to have shigella flexner in her stool. The usual investigation and protection of contacts took place and there were no secondary cases, nor did the little girl become a carrier.

There were no cases of paratyphoid this year.

Our two known carriers were followed up as a routine; conditions were satisfactory in both cases though one had again crossed the road from City to County and is now the responsibility of the South Oxfordshire Combined District.

Food Poisoning

There were eleven cases of salmonella food poisoning. Two outbreaks occurred with two individuals affected on each occasion and seven sporadic cases were reported. Six of the sufferers had recently been on holiday abroad and probably imported the causal organism. In six other cases no organism was detected. In January there was a case of bacillus cereus food poisoning due to eating contaminated fried rice and, looking back in retrospect, it is probable that there were two similar cases in 1970 which were unrecognised. The health inspectors have been checking samples of rice in the City and the bacillus cereus was isolated on more than one occasion. Warning notices in Chinese are being distributed to all Chinese restaurants in the City.

Leprosy

A man with lepromatous leprosy returned to live in the City after treatment in Chelmsford, bringing the total number of cases under supervision up to four.

Infective Hepatitis

We are now in an inter-epidemic period and only 27 cases were notified.

Glandular Fever

The incidence remains fairly constant over the years. This year 66 cases were notified, of whom 34 were students and one was a nurse.

Influenza

There was an epidemic due to the new A/Eng/42/72 strain of this virus at the beginning of the year and another towards the end of December though school attendance and sickness absence from work were little affected. The only public reaction was a helpful response to an acute shortage of nurses at the hospitals, which led to closure of some wards and the admission of emergencies only. Advice concerning vaccination remains unchanged being recommended particularly for those with chronic heart, chest or kidney disease, who should consult their family doctor.

Malaria

Three cases were notified, all having contracted the disease abroad.

Surveillance of Travellers

We were asked to follow up four travellers who had no valid certificate of vaccination against cholera and eighteen who lacked smallpox vaccination certificates. Surveillance was uneventful.

Notifiable infectious diseases since 1953

Disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Smallpox ..	—	35	23	24	29	56	94	118	56	70	37	23	14	13	38	29	32	21	—	—
Scarlet Fever ..	136	21	16	1	10	17	8	13	17	8	12	7	8	12	—	4	—	—	28	6
*Erysipelas ..	20	105	149	116	93	100	47	47	41	26	41	78	37	17	8	11	—	—	—	—
*Puerperal Pyrexia ..	117	47	37	64	64	50	14	18	18	4	1	2	1	—	3	6	2	—	1	1
Ophthalmia neonatorum	2	—	1	—	1	—	1	2	2	—	—	—	—	—	—	—	—	—	—	—
Pemphigus neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	2376	13	1001	888	1220	139	1117	409	1711	429	1593	280	1285	449	321	306	193	66	361	50
Whooping Cough ..	367	302	90	29	213	23	40	55	80	2	41	87	21	33	180	78	6	34	38	3
*Pneumonia ..	91	71	81	65	71	51	56	22	34	22	38	16	11	11	22	14	—	—	—	—
Poliomyelitis—																				
Paralytic ..	6	2	13	1	6	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—
Non-Paralytic	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective ..	1	1	—	4	—	—	—	—	1	—	—	1	—	—	—	—	4	1	—	—
Post-infectious	—	—	—	—	2	—	—	2	3	—	1	—	1	3	1	—	—	2	1	—
Meningococcal infection	5	3	6	—	—	3	2	2	—	—	—	1	—	—	1	1	2†	3	—	6
Typhoid Fever ..	—	—	1	1	—	—	1	—	—	1	1	—	—	2	1	—	2	3	1	2
Paratyphoid ..	—	2	2	—	—	—	2	2	1	—	2	1	—	—	1	2	1	1	1	—
Bacillary Dysentery	79	233	66	526	127	28	90	125	101	20	68	79	116	50	79	106	40	51	9	16
Amoebic Dysentery	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Food Poisoning	25	37	119	154	21	72	26	23	6	13	100	39	68	11	7	210	35	37	11	18
Infective Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	26	129	298	75	27
Glandular Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	85	98	100	77	107	66
Leptospirosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	3
Tetanus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1

*Ceased to be notifiable w.e.f. 1st October, 1968.

†Meningococcal infection includes all diseases notified as Acute Meningitis w.e.f. 1st January, 1969.

(b) THE SLADE HOSPITAL

Infectious Diseases Department

The Medical Officer of Health has continued to hold a part-time (two sessions) appointment as Consultant Physician (Infectious Diseases) to the Board of Governors of the United Oxford Hospitals. With the assistance of his Deputy he is responsible for the clinical control of 25 beds at the Slade Hospital.

The following report was prepared by Dr. I. Z. Qazi, B.Sc., M.B., B.S., Resident Medical Officer, Slade Hospital.

“There were 435 admissions this year, 26 more than 1971, of which children (under 15 years) constituted 278 and adults 157.

Non-specific gastroenteritis was the most common illness followed by infective jaundice, chickenpox and glandular fever. The number of non-specific gastroenteritis cases was 141, of which 120 were children and 21 adults. This represents an increase of about 45% over last year. In 26 cases, symptoms of gastroenteritis were preceded by upper respiratory tract infection. Six of the children, all under 3 years, had a febrile convulsion, four were complicated by bronchiolitis or bronchitis, and two had bronchopneumonia. In four cases (two adults and two children) the only symptom was vomiting and they were probably suffering from “winter vomiting disease”. In ten cases enteropathic *Escherichia coli* were found, of which types 0111 and 0127 occurred twice with single cases of types 055, 0114, 0119, 0125, 0126 and 0128. There were four cases of bacillary dysentery, three Sonne and one Flexner. Of the ten cases of salmonella infection (excluding typhoid and paratyphoid), five were adults and five children, the commonest type being *Salmonella typhimurium*.

There were 31 cases of upper respiratory tract infection, most of them also having symptoms of gastroenteritis.

There were 26 cases of infective jaundice, all except one being adults. Six cases were Australia antigen positive and were probably examples of serum hepatitis, three being admitted from the Haemophiliac Centre, Churchill Hospital. The remaining three patients included a 39 year old man who received two blood transfusions at the time of the repair of his hiatus hernia ten weeks before the start of his illness. Amongst cases of suspected infective jaundice was a man of 49 who was transferred to the Acland Nursing Home with obstructive jaundice, and a woman of 36 who was transferred to the Radcliffe Infirmary as a possible case of halothane-induced hepatitis (two exposures within the past two years).

There were 25 cases of chickenpox, 16 being adults and nine children. This reversal of the usual children/adult ratio resulted from the admission of 13 nurses all from overseas, ten of whom had been working at the Horton General Hospital, Banbury, two at the Churchill Hospital and one

at a maternity home in High Wycombe. Two cases were complicated by mild meningo-encephalitis, a 7 year old boy developing headache, vomiting and giddiness five days after the appearance of chickenpox lesions, and a 30 year old staff nurse from Banbury having meningeal signs. In both these cases there was a relative lymphocytosis and increased protein in the C.S.F., but a virus was not isolated from either the throat swab or C.S.F. Two of the children were transferred from the Nuffield Orthopaedic Centre and three from the Plastic Surgery Unit at the Churchill Hospital. A 2 year old Pakistani girl with mild chickenpox, who continued to run a temperature for ten days, was also found to have cytomegalovirus in the urine and *Salmonella heidelberg* in the stools.

There were eight cases of herpes zoster, all except one being over the age of 70. In five, the thoracic region was involved, whilst three were cases of herpes zoster ophthalmicus.

There were 23 cases of glandular fever, three being children and 20 adults. All but three had a positive screening test. The most common mode of presentation was anginose throat, generalised lymphadenopathy and pyrexia. Six patients had a rash, two had jaundice and two presented as cases of viral meningitis. A 24 year old female developed the rare complication of auto-immune haemolytic anaemia which responded successfully to steroid therapy. A 7 year old schoolboy who had a positive screening test and classical blood picture developed pneumonic consolidation which responded to tetracycline therapy. Five patients received steroid therapy because of severe anginose symptoms.

There were 21 children with otitis media which in most cases was a complication of gastroenteritis, measles or upper respiratory tract infection. There were 14 cases of tonsillitis or quinsy, beta haemolytic streptococcus group A being isolated from five of them. Other streptococcal infections included two cases of scarlet fever, two cases of erysipelas and two cases of impetigo. A 36-year-old farm worker had cellulitis of the left axilla which was treated successfully with a course of penicillin but no causative organism was found.

There were 16 cases of bronchitis, bronchiolitis or laryngo-tracheo-bronchitis; probably all of viral aetiology.

There were 16 cases (10 adults and 6 children) of viral meningitis; one caused by mumps, another by Coxsackie B3, and a third probably by Echo virus type 18.

There were 13 cases of mumps, 8 adults and 5 children. Four cases were complicated by meningo-encephalitis (mumps virus being isolated from the C.S.F. in three) and one patient had mild orchitis. A 3 year old girl, admitted as suspected mumps, was found to have a cervical abscess which needed incision and drainage, *Staph. aureus* being isolated from the pus.

There were 13 cases of measles, all under the age of 15 years; none had been vaccinated. Five were mild, uncomplicated attacks but five had otitis media, two had marked bronchitis and one had bronchopneumonia.

Among the staphylococcal infections were three cases of toxic epidermal-necrolysis.

A number of patients were admitted as cases of P.U.O., of which three were found to be suffering from malaria, three from typhoid, two from pneumonia and one each from amoebic liver abscess, gram negative septicaemia and Still's disease.

The three cases of malaria comprised two children and one adult. A 25 year old Tanzanian trainee pilot from the Oxford Air Training School was admitted with a history of pyrexial illness with rigors of four days' duration, and a 13 year old Nigerian student from a local school developed a pyrexial illness six weeks after his return from Nigeria. Both were found to be cases of *Falciparum* malaria and were treated successfully with chloroquine. The third case was an 8 year old Pakistani boy who had intermittent pyrexia for three weeks before hospitalisation. *Plasmodium vivax* was isolated from a blood film, and he was treated initially with chloroquine followed by a two week course of primaquine.

The three cases of typhoid fever included a 46 year old veterinary adviser to W.H.O. admitted with a ten day pyrexial illness. He went to Mexico for a ten day trip four weeks before his admission and became a victim of chloramphenicol-resistant typhoid fever known to be prevalent in that country. He was treated with large doses of ampicillin and responded very well but developed a very pronounced sensitivity rash on the twelfth day. He remained a urinary excretor of *Salmonella typhi* until successfully treated with septrin. A 3 year old Pakistani girl who was a known case of *Thalassemia major* was admitted 12 days after coming back from a trip to Pakistan. She was successfully treated with chloramphenicol, but needed a second course following a relapse. A 10 year old Pakistani boy had also just returned from a trip to Pakistan. Three successive blood cultures were negative but a Widal test showed a significant rise in "O" titre for *Salmonella typhi* and treatment with chloramphenicol was started. He responded promptly and later both clot culture and three successive stool cultures grew *Salmonella typhi*.

A particularly interesting case of P.U.O. was a 23 year old Army man who was admitted with a history of pyrexia and pain in the right hypochondrium of seven days' duration. He had been to South America for four months on an Army expedition, during which he had an episode of diarrhoea lasting for two weeks. He was diagnosed as a probable amoebic liver abscess, and this diagnosis was confirmed by a positive fluorescent amoebic antibody test. A liver scan showed a moderate-sized space-occupying lesion in the lower lateral part of the right lobe. He was successfully treated with a course of Flagyl, and a repeat liver scan proved to be normal.

Two children with P.U.O. turned out to be cases of virus pneumonia, one due to mycoplasma and the other to Q fever.

A number of cases admitted with diarrhoea and vomiting were transferred to the Radcliffe Infirmary as acute surgical or medical emergencies. These included a 48 year old female with acute small bowel obstruction; a 6 week old baby with pyloric stenosis; a 37 year old male with Crohn's disease; and a 76 year old man with thrombosis of the superior mesenteric artery with resulting gangrene of the small bowel.

There were two adults and one child with confirmed rubella, all having significant HAI titre antibodies.

There were only two mild cases of pertussis.

There were three deaths, including a 70 year old lady and a 60 year old man, each admitted in a comatose state following a short history of diarrhoea and vomiting but were proved to be cases of cerebro-vascular disease. The third case was a two year old boy admitted in a moribund state with Grade III dehydration and hyper-pyrexia. He died five hours after admission, and a postmortem showed aspiration pneumonia and gastroenteritis.

Two mothers stayed with their hospitalised babies."

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1972

					<i>Adults</i>	<i>Children</i>	<i>Total</i>
Gastroenteritis (non-specific)	..	..	..	..	21	120	141
Upper respiratory tract infection	..	..	..	..	4	27	31
Infective jaundice	..	..	..	..	25	1	26
Chickenpox	..	..	..	..	16	9	25
Glandular fever	..	..	..	..	20	3	23
Otitis media	..	..	..	..	—	21	21
Bronchitis/bronchiolitis/laryngo-tracheo- bronchitis	..	..	..	..	2	14	16
Virus meningitis	..	..	..	..	9	6	15
Tonsillitis and quinsy	..	..	..	..	9	5	14
Mumps	..	..	..	..	8	5	13
Measles	..	..	..	..	—	13	13
E. coli gastroenteritis	..	..	..	..	—	10	10
Salmonella infection	..	..	..	..	5	5	10
Pneumonia	..	..	..	..	2	6	8
Herpes zoster	..	..	..	..	8	—	8
Urinary tract infection	..	..	..	..	3	2	5
Dysentery	..	..	..	..	2	3	5
Staphylococcal infection	..	..	..	..	2	3	5
Herpes simplex	..	..	..	..	—	4	4

						Adults	Children	Total
Typhoid fever	..	..	..	..	..	1	2	3
Malaria	..	..	..	..	..	1	2	3
Rubella	..	..	..	..	..	2	1	3
Toxic epidermal-necrolysis	..	..	..	..	..	—	3	3
Erysipelas	..	..	..	..	..	2	—	2
Scarlet fever	..	..	..	..	..	—	2	2
Impetigo	..	..	..	..	..	—	2	2
Pertussis	..	..	..	..	..	—	2	2
Amoebic liver abscess	..	..	..	..	..	1	—	1
Q fever	..	..	..	..	..	—	1	1

(c) TUBERCULOSIS

University B.C.G. Scheme

Undergraduate members of the University are offered protection against tuberculosis by means of B.C.G. vaccination. Vaccination is offered to all freshmen, and they are encouraged to attend by the University Registry. Clinics were held at Greyfriars in November, and were repeated the following February, but with a very poor response.

Details of the undergraduates who attended are as follows:

	1968		1969		1970		1971		1972	
	No.	%	No.	%	No.	%	No.	%	No.	%
Attending for Heaf test	201		89		123		74		73	
Attending second session for reading	184	91	75	85	119	97	68	91	68	93
Heaf positive	57	31	29	39	31	23	21	31	20	30
Heaf positive due to previous B.C.G.	7		5		13		15		14	
Corrected Heaf positive reactors	50	24	24	32	18	15	6	8	6	9
Given B.C.G.	127	69	46	61	88	74	47	69	48	70

The follow-up of positive reactors did not reveal any active tuberculosis.

Tuberculosis Notifications

Year	Respiratory	Other forms	Total
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114
1965	71	5	76
1966	52	7	59
1967	60	8	68
1968	43	8	51
1969	50	15	65
1970	34	6	40
1971	36	11	47
1972	32	10	42

Dr. W. S. Hamilton, Consultant Chest Physician to the United Oxford Hospitals, reports as follows:

Tuberculosis notifications were less than last year (and nearly the same as in 1970), but as pointed out last year, figures for individual years are not of much significance.

Immigrants again accounted for about half the new cases, seven of these were primary infections in West Indians; six in two families all infected from the same source.

Details of these two families are worth recording as there was a failure in one instance to adhere strictly to the normal practice when dealing with contacts of highly infectious patients.

A West Indian student who was one of a large number of contacts of a highly infectious African student, was found to be well with a normal chest X-ray and a negative Heaf Test. He was given B.C.G. but not told to take note and inform us if the reaction came up within a week, and he was not re-X-rayed three months later.

Some months later he was referred back with symptoms and found to have extensive pulmonary tuberculosis in one lung with a positive sputum. His family were checked. His mother, a nurse, had a weakly positive Heaf Test and a clear X-ray. She has remained well with clear X-rays. His father (not included in 1972 notifications) was well and had a negative Heaf Test and clear X-ray. He was given B.C.G. and told to report an accelerated reaction if it occurred, he failed to do so and on re-X-ray, three months later, had a symptomless primary complex. A brother aged nine had a negative Heaf Test and was given B.C.G. A few days later he

became unwell with an accelerated B.C.G. reaction, and an X-ray showed a developing primary complex. Another brother, aged twelve, had a positive Heaf Test and an X-ray initially passed as normal but on re-X-ray there was a definite primary complex. Three other West Indian friends—twin brothers aged twenty and a boy of eighteen had strongly positive Heaf Tests and one had a definite primary complex on X-ray.

These cases draw attention to the importance of sticking to a carefully worked out regime in dealing with contacts.

Much contact work is dull and often quite fruitless, but disasters can occur if checks are not carried out properly. Any of the above mentioned boys with primary infection could have presented with Tuberculous Meningitis and already irreparable brain damage.

It is not easy to work out a rational regime of contact checking and surveillance. The returns are usually very poor and may seem quite uneconomical. We have to be selective and concentrate on those with known close contact and heavy exposure, especially those in susceptible age groups.

Some cases will inevitably be missed. An example is a middle aged woman notified in 1972 who was checked in 1964 when we were notified from another chest clinic that a relative who had recently stayed in the house, had been found to have tuberculosis. The woman and her husband had weakly positive Heaf Tests, as was to be expected at their age; and normal X-rays. Their two children had primary infections. In 1972 she was referred with three months symptoms and found to have active pulmonary tuberculosis and a positive sputum.

Tuberculosis in Immigrants—Cases

Asian

Pulmonary	..	..	..	..	..	..	..	3
Cervical glands		..	..	..	..	..	..	3
Spine	..	..	..	..	..	..	..	1
Meningitis	..	..	..	..	..	..	..	1
Skin (Long standing Lupus Vulgaris)				..	..	..	..	1

West Indian

Pulmonary	..	..	..	..	..	..	..	..	1
Primary Complex in Lungs				..	..	..	..	..	4
Heaf positive contacts with normal X-rays						..	..	..	2
									—
						Total	..		16

Number of immigrants X-rayed and skin tested routinely

Total attendances	83
X-rayed	33
Tuberculin Tests	83
Negative	53
Positive	29
B.C.G.	50
Notified cases	0

University Mass Radiography

Academic Year 1971-1972

Total number scheduled to attend	6793
Total number attending for Miniature Radiography	5476
Total number attending for large films no M/R	24
Total number recalled for large films	35
Total number attending for large films	57
Total number failing to attend	1293

Result of Large Film

Presumptive Active Tubercle	0
Presumptive Healed Tubercle	3
Inflammatory lesion	5*
Other lung conditions	5
Cardiac abnormality.. .. .	3*
Thoracic cage abnormality	3
Miscellaneous	3
No lesions seen	36

*One patient in both groups.

Contacts

New.. .. .	587
Old	220
Total	807
X-ray	520
Tuberculin Tests	464
Negative	252
Positive	212
B.C.G.	276
Total contacts notified as having T.B. .. .	10*

*Including Tuberculin test grade 1 positives.

Deaths

There were nine deaths among those on the register. Five women aged 64–89 and four men aged 51–94. One woman who died of Ischaemic heart disease was found to have chronic cavitated pulmonary tuberculosis shortly before death. One man aged fifty-one with extensive tuberculosis, died of heart failure. In the others, tuberculosis did not contribute to death, though two had active pulmonary tuberculosis under control.

Smoking

The hoped for anti-smoking campaign did not take place due to lack of official support.

All those interested in improving the health of the community must deplore the half-hearted or non-existent efforts of government, local council, and health authorities to curb this major epidemic which is increasingly undermining the health of the country and causing incalculable personal and family tragedies through premature death of bread winners or mothers, and prolonged depressing and degrading disability in addition to enormous expense to the health service, and to the nation through loss of productivity.

General Comments

Tuberculosis remains an important infectious but preventable and curable disease, and no relaxation of all measures to combat it can be justified, though the place of B.C.G. may be changing, it remains a very effective preventative measure in selected groups.

A house-to-house collection in aid of the Care Committee was held in March and £308 was collected, a great help, but it could have been a lot more if we had had a better turn out of volunteers to collect. We are particularly grateful to those few who collected a large proportion of the total between them.

In 1973 we have a flag day in March and are again very short of volunteer collectors.

At an Oxford United football match we were, relatively speaking, much more successful, thanks entirely to the enthusiastic and well organized efforts of one member of the Care Committee and a few helpers, and collected £117.70; we are most grateful to them and to Oxford United Football Club for allowing the collection.

We still have quite inadequate Medical Social Workers' time, and many problems are not attended to in spite of the efforts of Miss Brinton, and Mrs. Badawi, who has joined us in place of Miss Mackenzie-Wintle, who we were very sorry to lose to the City Social Services Department where she continues to help us, as do some of her colleagues, though we would

welcome a closer liason and regular attendance of the City Social Workers at outpatients.

Finally, I would again like to thank all the chest department staff for their splendid team work, not only in collecting for the care committee. Our health visitors, Miss Dudson and Miss Clark, particularly deserve special mention for their dedicated care of patients. They play a most important part in helping to look after patients in the context of their environment.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinics held at the Radcliffe Infirmary and compares this year with the three previous years. It should be noted that the figures given in the table include patients from a wide area around Oxford served by the Radcliffe treatment centre.

City, County and Other Areas

	1969		1970		1971		1972	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis—								
primary ..	1	—	11	1	2	—	5	—
secondary ..	2	1	3	—	8	2	—	1
cardio-vascular	1	—	—	—	1	—	—	1
of the nervous								
system ..	—	—	3	3	1	—	1	—
latent	4	8	12	—	10	3	8	1
congenital—								
under 1 year	—	2	—	—	—	—	1	—
congenital—								
under 15 years	—	—	—	—	—	1	—	—
Total ..	8	11	29	4	22	6	15	3
Gonorrhoea ..	145	61	149	82	182	74	161	91
Other genital								
conditions ..	} 530	} 268	} 697	} 599	635	751	850	814
Other conditions					511	138	498	265
Total new patients	684	340	888	688	1,350	969	1,524	1,173

AGE GROUPS — CITY, COUNTY AND OTHER AREAS

(a) New cases of primary and secondary syphilis

	1969		1970		1971		1962	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16 years	—	—	—	—	—	—	—	—
16—17 years	—	—	—	—	—	—	—	—
18—19 years	—	—	—	—	—	—	—	—
20—24 years	—	—	2	1	4	1	1	1
25 years and over	3	1	12	—	6	1	4	—
Total	3	1	14	1	10	2	5	1

(b) New cases of gonorrhoea

	1969		1970		1971		1972	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 16	—	1	—	—	1	5	1	1
16—17 years	3	8	2	12	5	5	1	15
18—19 years	16	15	9	16	13	15	10	24
20—24 years	63	22	65	35	61	32	60	27
25 years and over	63	15	73	19	102	17	89	24
Total	145	61	149	82	182	74	161	91

The incidence of new cases of venereal disease in City residents 1953–1972 is given in the following table:—

City Cases

	Males		Females	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38
1965	10	119	5	47
1966	13	95	2	24
1967	13	64	1	15
1968	9	96	6	29
1969	6	93	7	40
1970	21	84	2	58
1971	14	102	2	51
1972	9	102	1	52

Dr. J. M. D. Gallwey, Consultant Physician (Venereal Diseases) to the United Oxford Hospitals reports as follows:

The total number of new cases attending the Department of Venereology at the Radcliffe Infirmary during 1972 rose to 2,697. This figure which is 378 higher than the figure for 1971 represents an increase of 16%. This compares with increases of over 50% in 1971 and 1970 compared with the previous years and must be considered to be an improving state of affairs.

The incidence of early infectious syphilis has fallen by half but that of latent and late syphilis has remained constant. Of the six infectious cases five were in men and four acquired the disease by homosexual contact. The single female case was infected by her husband who contracted the disease abroad. Unfortunately, her infection occurred during pregnancy and her child was born congenitally infected with the disease. Early treatment, however, lead to complete eradication of the disease without permanent damage.

The total incidence of gonorrhoea remained almost constant. The ratio of women to men, however, showed a significant rise and may represent improved Contact Tracing.

Once again there has been a considerable increase in non-specific genital disease. A total of 1,014 cases was treated against 752 in 1971, an increase of 35%. Non-specific genital disease now represents over a

third of the total cases seen in the Department. Similar evidence of an epidemic situation is seen in the National figures. Once again it must be emphasized that non-specific genital disease is largely sexually transmissible and it is only by examination and treatment of all the sexual contacts of the sufferer that the spread of the condition can be controlled. Much effort is expended by the Medical Staff, Medical Social Workers and the Contact Tracer in encouraging patients to persuade their consorts to attend.

It is interesting to note some of the characteristics of patients who attend the clinics. Figure (1) compares the age of male and female patients and shows the highest incidence for women to be at 19 some three years before that of the men.

Figure (2) shows the occupations of all new patients. In considering the apparently large proportion of students who make up 26% of the total it must be remembered that the student body represents the biggest single group in the City and its individuals are mainly in the age group at greatest risk.

Figure (3) compares the marital status of men and women attending the clinic. It may be of some significance that 7% of the women were separated or divorced compared with 3% of the men.

Finally 4% of male patients in 1972 were known to have acquired their infection by homosexual contact. This compares with figures of 60% or more at other clinics in England and Wales.

Medical Staffing of the clinics has increased with Dr. Mainwaring joining Dr. Stephanie James, Dr. William White and Dr. Roy Spilling who have continued as Clinical Assistants in the Department.

Medical Social Worker cover at the clinics has continued to be limited and there have been several changes of Workers over the year. It has always been thought that Social Medicine care is an integral part of the Sexually Transmissible Disease service, and it is to be hoped that funds will become available for more adequate cover.

The City of Oxford has continued to provide a proportion of the services of a Medical Social Worker for Contact Tracing and the Oxfordshire County Health Department has seconded to the Department a Health Visitor as a full-time Contact Tracer. To Mrs. Balme and her successor, Mrs. Robards, must go the credit of the improved contact tracing figures during this year. They have also greatly reduced the burden of work on the Medical Officers and the Social Workers.

Workers from the clinic joined with others from all the centres in the Oxford Region in a useful study tour of clinics and Research Institutes in both London and Paris.

Figure I

AGE DISTRIBUTION OF NEW PATIENTS
ATTENDING V.D. CLINIC OXFORD 1972

No. OF CASES

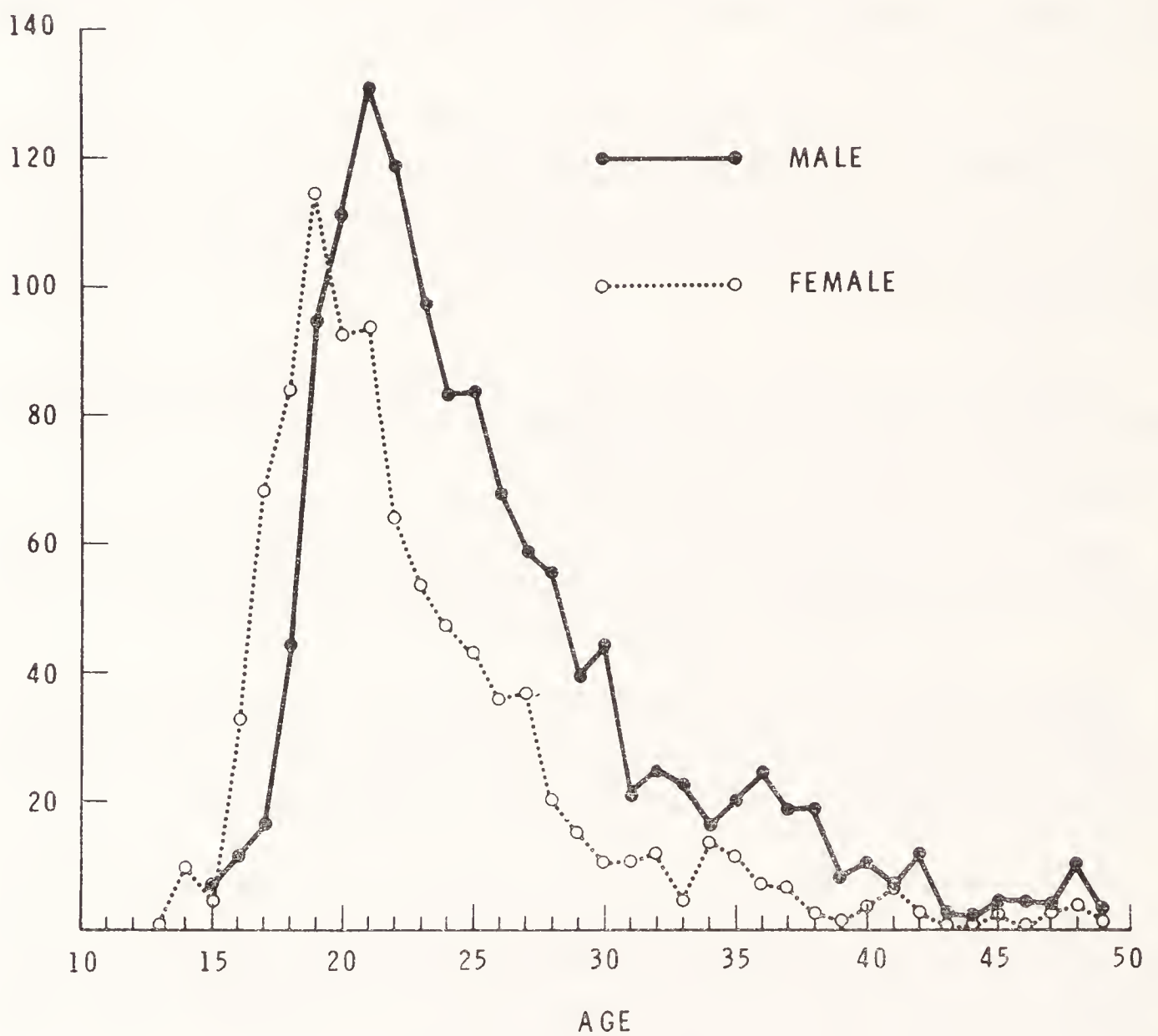
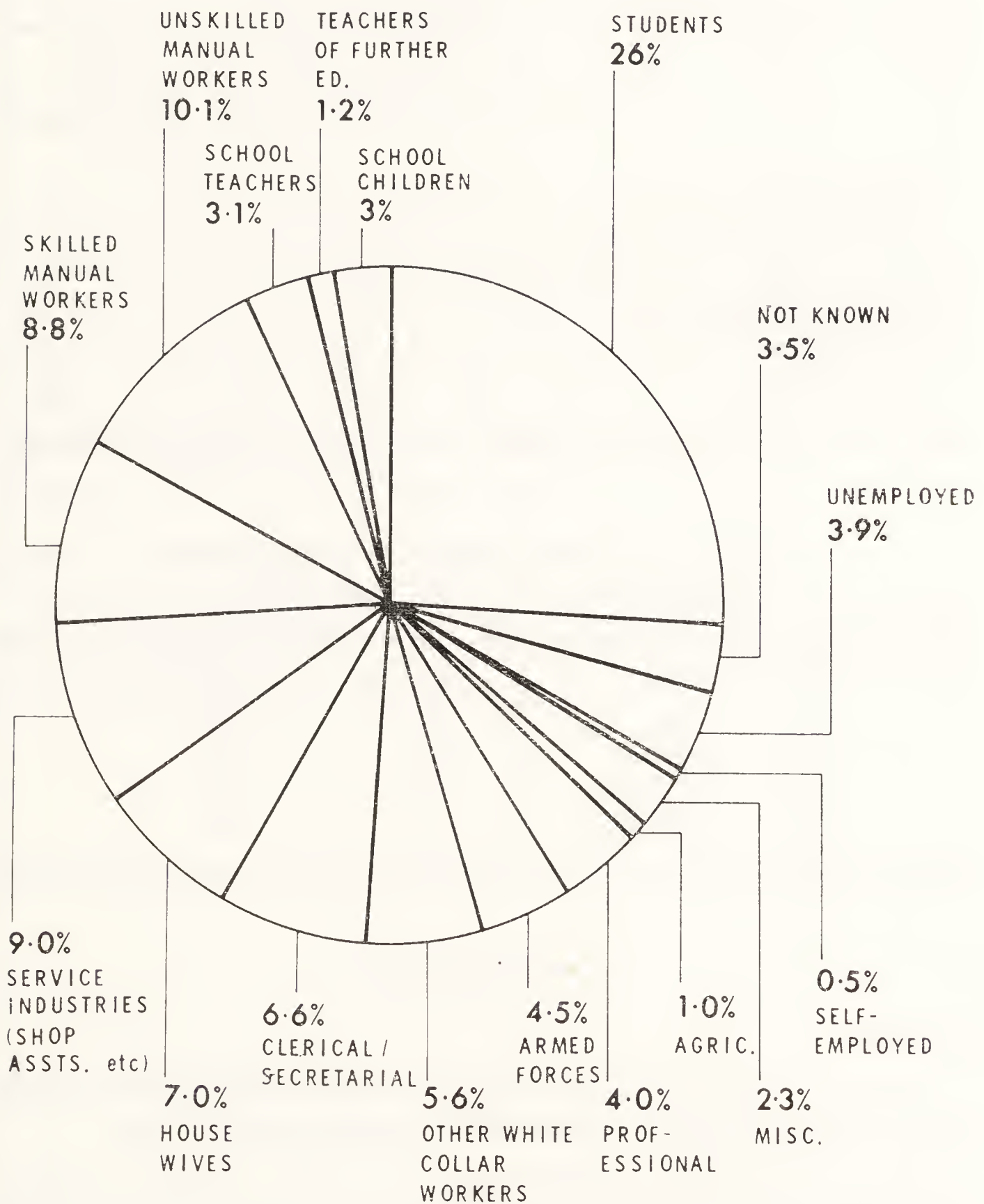


Figure II

OCCUPATION OF PATIENTS ATTENDING
THE V.D. CLINIC OXFORD 1972



In 1973 it is proposed that the Department shall move to larger permanent quarters. This should enable efforts to be concentrated on improving the quality of service, expanding the Undergraduate, Graduate and Nursing teaching and increasing research projects in the speciality.

As always thanks are due to the Nursing, Laboratory and Administrative Staff who cheerfully and efficiently work under the most difficult conditions.

Attendances and Diagnosis of Contacts

	1970		1971		1972	
	Male	Female	Male	Female	Male	Female
1. Contact slips issued to patients with:						
(i) Syphilis (primary and secondary)	5	2	13	4	8	—
(ii) Gonorrhoea	145	79	119	56	136	45
2. Contacts attending with:						
(i) Syphilis (primary and secondary)	4	2	—	—	1	—
(ii) Gonorrhoea	29	50	46	44	39	14
(iii) Other conditions	80	203	125	105	72	67

FIGURE III

Comparison of Marital Status in Men and Women attending the V.D. Clinic, Oxford 1972

Percentage of total	Status	Male	Female
	Single	69	69.4
	Married	27	23.4
	Widowed	1	Nil
	Divorced	1	3.6
	Separated	2	3.6

(e) INFESTATION

(i) Scabies

A total of 31 cases, made up of 25 from seven families and six patients in the Warneford Hospital, suffered from scabies during the year.

The small outbreak at the Warneford was rather puzzling, as there is little opportunity for close or prolonged bodily contact between patients in the ward. The elderly lady who was probably the source case was in the habit of spending week-ends at home, from whence she introduced the parasite to the ward. Proper treatment of all cases and contacts, involving a full coverage of the body with benzyl benzoate emulsion on

two occasions and left on for at least twenty-four hours, has proved successful in the control of this condition. Arrangements are made to treat vagrants at the Slade Hospital if necessary.

(ii) Pediculosis

(a) *Head Lice*

Inspections were made by school nurses, with the following results:

	1970	1971	1972
Number of inspections made ..	24,292	27,572	26,945
Number of children inspected ..	12,942	12,817	12,030
Number of children infested ..	137	204	215
Percentage incidence	1	1.6	1.8

The 215 infested children (124 girls, 91 boys) came from 164 families compared with 158 families last year. Seventy-six children were infested more than once and four children were each reported infested six times during the year. The hard core is represented by 19 families; and health visitors are being encouraged to concentrate on these repeatedly infested families.

Prioderm (Malathion) has now replaced Lorexane in the routine treatment of head lice infestation.

(b) Body Lice

The Chief Public Health Inspector's Department dealt with 19 men who were infested with body lice. Most of the cases were living at either the Cyrenian Hostel or the Church Army Hostel.

SECTION XII

ENVIRONMENTAL HEALTH

REPORT BY S. J. GARROD, M.R.S.H., M.A.P.H.I.

It gives me pleasure to submit my first Annual Report as your Chief Public Health Inspector. To become Mr. W. Combey's successor is a great challenge since he was held in such high esteem, not only locally but also nationally, as an acknowledged expert in his own field. I was proud to act as his Deputy for ten years and his record, I am sure, will spur me to greater endeavour.

A report such as this must try and evaluate the year's work, whether it reached or fell short of particular objectives, whether they were correct in the light of experience, and what are the future objectives. This is not an easy task in environmental health work.

It was a year of change in many ways. As to be expected, the internal reorganisation of the Inspectorate and other technical staff at the end of 1971 in order to achieve greater management efficiency, took time to settle down. The system must, however, remain flexible to meet changing circumstances, particularly after Local Government reorganisation, when there may be a need for greater specialisation in certain areas of work. A management team was set up in the Department at the beginning of the year which met regularly to discuss projects and work programmes, staffing arrangements and target dates. These meetings have been very useful but there is room for further development, particularly in setting objectives and in the art of staff motivation and delegation.

With the transfer of the rest of the Public Health Department from Local Government to the National Health Service in 1974, the Public Health Inspectorate will be the only District Council officers with a public health background and will therefore act as a vital link between the new area Health Authority and District Council. Various reports on the proposed establishment and management structure of the Environmental Health Department after reorganisation were prepared for consideration by the Oxford District Committee during the year. The maintenance of an effective environmental health service capable of surveying the whole environment is essential in the public interest and, because of the increasing complexity of environmental health, it is an area likely to grow in importance in the future.

The Housing Division was very active in the private housing sector, partly because of the acute pressure on housing accommodation in the City. Staff were heavily committed to the inspection of about 170 properties north of St. Clement's in the East Oxford Local Plan area towards the end



THE OLD RECTORY, PARADISE SQUARE, HEADQUARTERS OF PUBLIC HEALTH INSPECTORATE

of the year. Local Plans for North and South Oxford are also being considered at the same time and staff are having to spend a considerable amount of time at interdisciplinary Working Party meetings and also meetings with local residents outside normal working hours. Full consultation is necessary between Councillors, officers and residents in order to prevent a credibility gap but once an amalgam of ideas has been gathered together, some definite signs of progress must be seen in the areas, otherwise the public may lose interest. A large part of East Oxford will also become a Smoke Control Area as from 1st October, 1973.

With approximately 2,600 houses in multiple occupation in the City, it became increasingly obvious during the year that more effective control is necessary. In December the Housing Committee agreed to a registration scheme, effective from 1st April, 1973, which it is hoped will have its greatest impact on those properties coming into multi-occupation for the first time or where there is an increase in the numbers of persons at present living in the property.

Inspection of property has continued and decisions taken after consultations with owners and residents in Jericho but house improvements in Jericho have not been as numerous or as fast as one would like, in spite of the enormous amount of effort and money expended so far, bearing in mind that rehabilitation of the area became official Council policy in 1967. However, this Department fully supports the concept of a General Improvement Area for that part of Jericho consisting of about 450 properties where decisions concerning their future have already been made. The remainder of the area can be added to the General Improvement Area at a later stage. External environmental improvements must now be given high priority since house improvement work alone is not enough when one is dealing with the improvement of amenity and quality of life in the area for the next 30 years or a further generation.

In considering progress so far, the target date of 1985 for the whole of the City to be Smoke Controlled will not be achieved unless a determined effort is made in the next decade. The seasonal averages of smoke and sulphur dioxide in the City are below the averages for the south east, which is most re-assuring, but the programme of pollution control must be continued and, indeed, expanded to deal with traffic pollution since very little information is available nationally concerning levels of this type of pollutant in this country. Efforts are being made to try and find a suitable measuring site in the City.

When considering traffic noise, the Noise Advisory Council has recommended a level of 70 dBs., A. Scale, not to be exceeded for more than 10% of the time, one metre from the facade of the nearest occupied dwelling to a road. The first attempt at a noise survey in the City this year, although incomplete and results so far must therefore be viewed with some caution, nevertheless indicates that the L.10 noise level is probably already exceeded

for some dwellings near to main traffic routes and road intersections in the City. Many people are also being troubled by loud amplified music from Discotheques and other types of public entertainment and damage to the hearing of persons regularly frequenting these premises can result. At the moment there is no law limiting the amount of noise inside these premises, although it is under consideration.

A further Abatement Notice had to be served on British Leyland United Kingdom in October to deal with the fume nuisance from the Works and the alterations to be carried out in the second phase next year will cost approximately £300,000. The noise from E. Block during the evening and night hours is unacceptable at its present level and this is another difficult problem that must be resolved. The long standing fume nuisance from certain paint drying ovens at the Osberton Works, Woodstock Road, has still to be abated but incineration equipment is now being considered to deal with it.

The Toxic Waste survey carried out at the beginning of the year indicated no cause for concern except for two minor instances which were satisfactorily dealt with. However, some thought will have to be given to the increasing problem of waste oil disposal by do-it-yourself car enthusiasts. In many parts of the City there is also a considerable loss of amenity because of litter louts and dumping of rubbish.

Incorrect and unhygienic practices still continue in certain food shops, such as the handling of sliced cooked meats, in spite of the efforts made in the past by Inspectors to try and educate food handlers. Many of them have no training or interest in food hygiene and should not be in this type of employment. Until food hygiene is part of the curriculum in schools and food handlers have to receive proper training with better status, further improvement will be difficult to achieve in this field.

Nos. 36/37 Pembroke Street, built in the latter part of the 18th Century and now listed buildings of plain, three storey, soft wood framing, with plaster infill, have been occupied by the Public Health Inspector's Department ever since 1935. However, the premises have now been taken over by the Oxford and Swindon Co-operative Society and the Department now looks forward to moving into the Old Rectory, Paradise Square, in the new year.

Staff changes concerned Mr. A. Fenn, Senior Public Health Inspector, Grimsby County Borough Council, who filled the vacant post of Deputy Chief Inspector at the beginning of the year, and Mr. K. Dalton, District Public Health Inspector, who was successful in obtaining a more lucrative post with Chipping Norton R.D.C.

In conclusion I wish to pay tribute to the able way in which my Deputy, Mr. A. Fenn, has supported me during the year and for his help with this Report. Grateful thanks are also due to Divisional Inspectors R. Crossley, J. G. Scott and J. W. P. Mullard, Senior Inspector P. F. Allen and Mr. G. A. Williamson, Pest Control Officer, for their valuable contributions to this Report, which has been very much a team effort. Finally I wish to express my thanks to my efficient Secretary, Mrs. J. A. Taylor, and to all other unnamed members of staff for their loyal support and assistance throughout the year.

The Report is presented in three sections—(A) General Public Health, (B) Housing and (C) Food. Figures in brackets are for the previous year.

A. GENERAL PUBLIC HEALTH

(i) Complaints and Inspections

There was a slight decrease in the number of complaints received this year. Dirty or verminous premises complaints were less than half those received last year and, with the present pressure on housing accommodation in the City, this is a most welcome reduction and it is hoped that this trend will continue, even though many people are living in unsuitable accommodation in houses in multi-occupation and often in overcrowded conditions compared with modern-day accepted standards. Fewer lice infestations were found and this may be due to better education and higher standards of living. Wasp complaints showed a very marked reduction and, although the weather must play a vital part, the last few years have shown a bi-annual fluctuation in the number of complaints and there may be a sharp rise again in 1973. Complaints of accumulations of rubbish more than doubled and this is most disheartening when one considers the efforts that have been made over the last few years, both at national and Local Government level, entreating members of the public to keep Britain tidy. So many people today are still quite oblivious to the loss of amenity when a street, play area, hedgerow or grass verge is littered with refuse, including the inevitable plastic bag or wrapper. To others, however, it is offensive and, with the present emphasis on cleaning up the environment, this is one aspect of pollution caused mainly by members of the public and more thought, care and pride in their own locality would virtually cure this problem.

Noise complaints again increased and a greater number were concerned with annoyance from amplified music resulting from late night entertainment. This is becoming more of a problem every year and, with the very powerful amplification equipment now in use, there is a possible danger to hearing, particularly at Discotheques. The number of complaints of smell or offensive odours was again significant and were mainly concerned

with the trouble experienced with fumes from the B.L.U.K. industrial complex at Cowley and Osberton Radiator Works, Woodstock Road. Work so far carried out to deal with this nuisance is mentioned elsewhere under 'Air Pollution'. The number of food complaints has also again increased and, although the majority were not of a serious nature and were dealt with informally, this is an indication of the high standard that the public now rightly expects and spotlighting unsatisfactory food by bringing it to the attention of the Department is extremely helpful in maintaining good food hygiene standards.

Since two-thirds of the total complaints received concerned rodents and insects, the Pest Control Section carried out a very large number of inspections and were hard pressed during the year to cope with the workload. Activity was maintained with regard to inspections under the Offices, Shops and Railway Premises Act and inspections for noise nuisances more than doubled. There was also an increase in inspections concerning refuse storage and accumulations and also animal nuisances, many of them concerning houses in multi-occupation. Housing inspections increased, mainly as a result of the Jericho Improvement Area and the inspection of properties in St. Clement's connected with the East Oxford Local Plan. There was also an increase in the number of school premises inspections as a result of a survey carried out early in the year.

Complaints	No.
Accumulations of Refuse...	78
Choked and Defective Drains	44
Defective Water Closets	7
Defective Water Supply	9
Dirty or Verminous Premises	16
Fumigation and Disinfection	52
General Housing Defects (including dampness)	67
Infestation by Insects	613
Infestation by Rodents	906
Infestation by Wasps	236
Keeping of Animals	3
Miscellaneous	141
Noise Nuisance	94
Offensive Odours	110
Overcrowding	6
Refuse Accommodation	30
Smoke Nuisances	49
Unwholesome Food, Containers and False Descriptions	146
	<hr/> 2,607

Number and Nature of Inspections

Animal Nuisances	...	...	...	...	...	...	158
Drainage	...	...	...	...	...	...	1,259
Health Education	...	...	...	...	...	...	39
Housing	...	...	...	...	...	...	3,405
Insect Pests	...	...	...	...	...	...	613
Inspection of Plans	...	...	...	...	...	...	2,068
Interviews	...	...	...	...	...	...	2,572
Licensed Premises	...	...	...	...	...	...	428
Lodging Houses	...	...	...	...	...	...	23
Miscellaneous	...	...	...	...	...	...	1,492
Movable Dwellings	...	...	...	...	...	...	112
Multi-occupation	...	...	...	...	...	...	621
Noise Nuisances	...	...	...	...	...	...	925
Offices, Shops and Railway Premises Act Inspections	...	...	...	...	...	...	1,544
Overcrowding	...	...	...	...	...	...	3
Pet Animals	...	...	...	...	...	...	42
Pharmacy and Poison Sellers	...	...	...	...	...	...	5
Piggeries and Stables	...	...	...	...	...	...	18
Rats and Mice	...	...	...	...	...	...	28,027
Refuse Storage and Accumulations	...	...	...	...	...	...	1,407
School Premises	...	...	...	...	...	...	160
Toxic Waste	...	...	...	...	...	...	95
Verminous Conditions	...	...	...	...	...	...	53
Water Sampling	...	...	...	...	...	...	155

(ii) Pollution Control

At last the general public are beginning to realise, after a long press and television campaign, that pollution in all its forms is a serious problem and that decisions affecting the future of coming generations must be taken now. In response to public pressure, the Government reacted with remarkable promptitude in getting the Deposit of Poisonous Waste Act, 1972, on the statute book in record time. The Act, which is the responsibility of this Department, requires the disposal of toxic waste to be notified to the Local Authorities of the areas where it is created and where it is taken for disposal, as well as the River Boards of both areas, and enables these Authorities to impose rigorous sanctions on the system of disposal.

Early in the year a survey was made of waste ground in the City to see if unauthorised tipping was being carried out and some tins of chromic acid flake were discovered on the Corporation Port Meadow Tip. Immediate steps were taken, with the advice of the Sewage Works Chemist/Manager of the Engineer's Department and the Thames Conservancy River Purification Inspector, to have them buried in lime and impounded in clay.

At the same time the unauthorised dumping of 21 tins of Arklone dry cleaning machine liquid was discovered on Corporation land outside the City boundary, and the firm concerned was fined £75 with £10 costs under Section 19 of the Civic Amenities Act, 1967.

The biggest problem, however, was found to be the indiscriminate tipping of used sump oil by the do-it-yourself motorist. A practical solution is needed for this problem and one would be for garages selling oil to provide facilities for the collection of used oil, of the Council should consider setting up collection centres of its own. At the moment it is likely that much of it is tipped down the household sink waste gulley or on to waste ground and finds its way either to the Sewage Works or ultimately to the nearest water course.

Concern over another form of pollution arises from the disposal of waste packing materials, namely plastic, polythene, cardboard, paper, etc. Some years ago the Clean Food Campaign was started primarily to provide the public with clean food from clean factories, packed, handled and retailed by clean persons in clean premises. It has now come to mean packing food in materials impenetrable to germs, dirt, and man himself, and the disposal of all this wrapping material presents a considerable problem. A contributory factor is the insistence of the modern housewife that even wrapped foods are put into paper bags before carrying them home. The wood pulp used in manufacturing these bags ensures the destruction of thousands of acres of mature trees annually and the total cost of wrapping materials adds no less than 20% to the cost of all foodstuffs.

A number of foodstuffs keep much better when allowed to breathe naturally in cool air and not shrouded in polythene. Several complaints are received each year from people who have kept their frozen poultry and fish in plastic bags for several days before cooking and consequently find decomposition taking place. The prize, however, must go to the lady who roasted her oven-ready turkey in its plastic bag and then complained that the bird was coated in a nasty-tasting sticky skin.

Toxic Waste

Following the discovery of two deposits of potentially hazardous material dumped in separate areas of the City, a full survey of all premises likely to use toxic chemicals or produce toxic or hazardous waste was made. The major manufacturing industries in the City and the private waste collection operators co-operated willingly during these investigations and valuable help was obtained from our colleagues in the Sewage Works and Cleansing Sections of the City Engineer's Department. A total of 98 premises were visited, consisting of 19 industrial and manufacturing premises, 28 service industry premises, 9 hospitals and laboratories, and 42 garages and petrol stations.



UNCONTROLLED TIPPING OF TOXIC WASTE

In the case of industrial premises, British Leyland at Cowley, as to be expected, produced the greatest amount of solid and liquid waste—about 500 tons of solid waste and 80,000 gallons of liquid waste per week—and this is transported to tips outside the City under suitable arrangements with adjoining Local Authorities. In addition, the Works discharge between four and five million gallons of liquid effluent to the City's sewerage system.

Apart from the Corporation Port Meadow Tip, which receives some waste sludge after chemical treatment from the Morris Radiator Works in Woodstock Road, and a private tip owned and used by Lucy's Iron Foundry for depositing some of its own waste, all other industrial solid and liquid waste, other than ordinary refuse, is transported to tips outside the City.

A large amount of liquid trade waste is, however, discharged to the City's sewerage system and is carefully monitored by the Sewage Works Section of the City Engineer's Department. One other private tip is used in the City, mainly for builders' refuse.

The garages and petrol stations produce approximately 36,000 gallons of waste engine oil per year and in 26 cases where large quantities are produced, the oil is stored in bulk and removed periodically by specialist firms who refine the oil for re-use. Some of the small firms dispose of their waste oil with the help of larger neighbours' specialist arrangements.

Service industries waste arrangements were found to be satisfactory since generally it was not toxic or hazardous. One exception was waste liquid from a dry cleaning establishment and arrangements were made for a Contractor to remove the waste to a specialist firm for treatment and disposal.

Most hospital waste is disposed of by incineration at hospital sites, particularly the Churchill Hospital, and radioactive waste of low activity is disposed of by discharge to sewers or carefully controlled burial on the Corporation tip. The University Laboratories have similar disposal arrangements. Some chemicals are taken to the Sewage Works for treatment before disposal and invaluable help and advice is given regularly and freely by Mr. V. Lewin, Sewage Chemist/Manager, and his staff. Generally, waste disposal arrangements in the City, with a few minor exceptions, were found to be satisfactory, although careful and regular monitoring must be carried out to maintain this position.

The Deposit of Poisonous Waste (Notification of Removal or Deposit) Regulations, 1972, were made under the Deposit of Poisonous Waste Act and came into force during the year and list certain types of waste which must be notified to various Authorities before the waste can be removed or deposited. To make the Regulations administratively workable, the Department of the Environment recommended that notifications could be

of two kinds, single notifications relating to a given consignment of waste, or 'season ticket' notifications concerning wastes that are continuously and regularly produced and deposited. The latter are issued for a given period, usually three months, and are renewed on expiry or when some change occurs in the material or in the disposal method.

Six 'season ticket' notifications were received and a total of 7 renewals were issued during the year. Four of the "season tickets" related to wastes produced within the City which are deposited in adjoining Local Authority areas necessitating close liaison with colleagues. The other two 'season tickets' were in respect of wastes wholly produced and deposited within the City. Samples of these materials were taken on deposit at regular intervals and submitted to the Chemist/Manager at the Sewage Works for analysis to verify that the wastes deposited were those listed in the notifications. There were no wastes deposited in the City from outside the area.

A total of 17 individual notifications were received during the year, all relating to materials removed from the City for deposit in other areas. 15 of these were for waste oils collected by specialist firms and 2 were for waste acids consigned to chemical treatment works.

Atmospheric Pollution

During 1972 the City of Oxford No. 11 Smoke Control Order affecting 82 acres in Cowley St. John became operative on 1st October. This Order involved 1,092 privately owned houses, 86 commercial, 5 industrial and 10 other premises. 2,261 acres out of 8,785 are now smoke controlled in the City. In this area, 287 applications for grant aid for conversion of fireplaces were approved, involving the payment of some £8,330.76 to householders and landlords. Once again the Council paid the fullest possible grant to old age pensioners and cases of hardship. The consumer choice of appliance was as follows:—

		1972	1971
Gas fires	160	55.75%	46.7%
Continuous burning grates	75	26.13%	40.4%
Closed stoves	15	5.23%	5.6%
Electric radiant fires	24	8.36%	4.3%
Electric thermal storage heaters	13	4.53%	3.0%

The average cost of each grant again rose by approximately £3.00, being £29.03 compared with £26.16 in 1971. The miners' strike in January and February did not affect the Smoke Control Areas unduly and no Orders had to be waived.

In view of the density of housing in East Oxford and the consequent size of the pollution problem from coal burning, it was felt that a much larger area should be surveyed in 1972 so that the No. 12 Smoke Control Order

could cover most of the East Oxford Local Plan Area, and accordingly opportunity was taken during the survey to circularise houses with information on Improvement Grants in addition to acquiring data by means of a postal survey as to the number of fireplaces likely to require conversion. It is most pleasing to record that over 90% of the residents in the area completed and returned the questionnaire.

In October the Council made the City of Oxford No. 12 Smoke Control Order which will cover 133 acres in St. Clement's and East Oxford, involving 1,299 private dwellings, 59 Council houses, 235 commercial, 18 industrial and 16 other premises, and it will come into force on 1st October, 1973. Owing to the increase in the number of premises likely to require conversion, a 50% increase in the allocation of finance for smoke control was agreed by the Council. It is earnestly hoped that this amount will be maintained for a number of years as at the previous rate of progress it will not be possible to meet the target date of 1985 for the whole City to become smoke controlled.

Number of occupied houses in the City	...	...	...	32,150
Number of houses in Smoke Control Areas	...	...	...	8,283
Number of houses in Smoke Control Areas on which grant has been paid up to 31st December, 1971	...	...	...	2,760
Number of houses on which grant was paid in 1972	...	...	...	287
Houses likely to require grants for conversion in future years	...	...	...	7,956

Owing to the removal of this Department early in 1973 to the Old Rectory, Paradise Square, the Pembroke Street daily recorder used for measuring suspended solids and acid gases in the City centre had to be discontinued at the end of the year after giving continuous readings for the National Survey since January 1959. This station was of great value to the Warren Spring Laboratory, Stevenage, of the Department of Trade and Industry, as its long period of operation in the centre of the City enabled the trends of pollution to be more accurately assessed.

Accompanying this section of the report are two graphs showing the seasonal averages of the four daily recording stations in Oxford at Pembroke Street, Cowley Road College of Further Education, Margaret Road School, and the British Leyland (United Kingdom) Body Plant at Cowley. The opportunity has been taken of presenting the graph showing SO₂ pollution rather differently. Previously, by using annual averages, it appeared that the trend of pollution from this gas was downwards, but by plotting the averages quarterly it shows that the summer level is rising very gradually, whilst the winter peaks are rather lower, probably due to increase in water heating plants using light oil. The presence of SO₂ in the atmosphere is most dependent on weather conditions, and a wet windy winter will show much lower readings than a dry settled cold one. Little notice should be taken of the figures for any one year as it is the overall trend which is important.

CITY OF OXFORD

QUARTERLY AVERAGES OF SUSPENDED SOLIDS

1964				1965				1966				1967				1968				1969				1970				1971				1972			
FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV	FEB	MAY	AUG	NOV

MICRO-GRAMMES PER CU. METRE

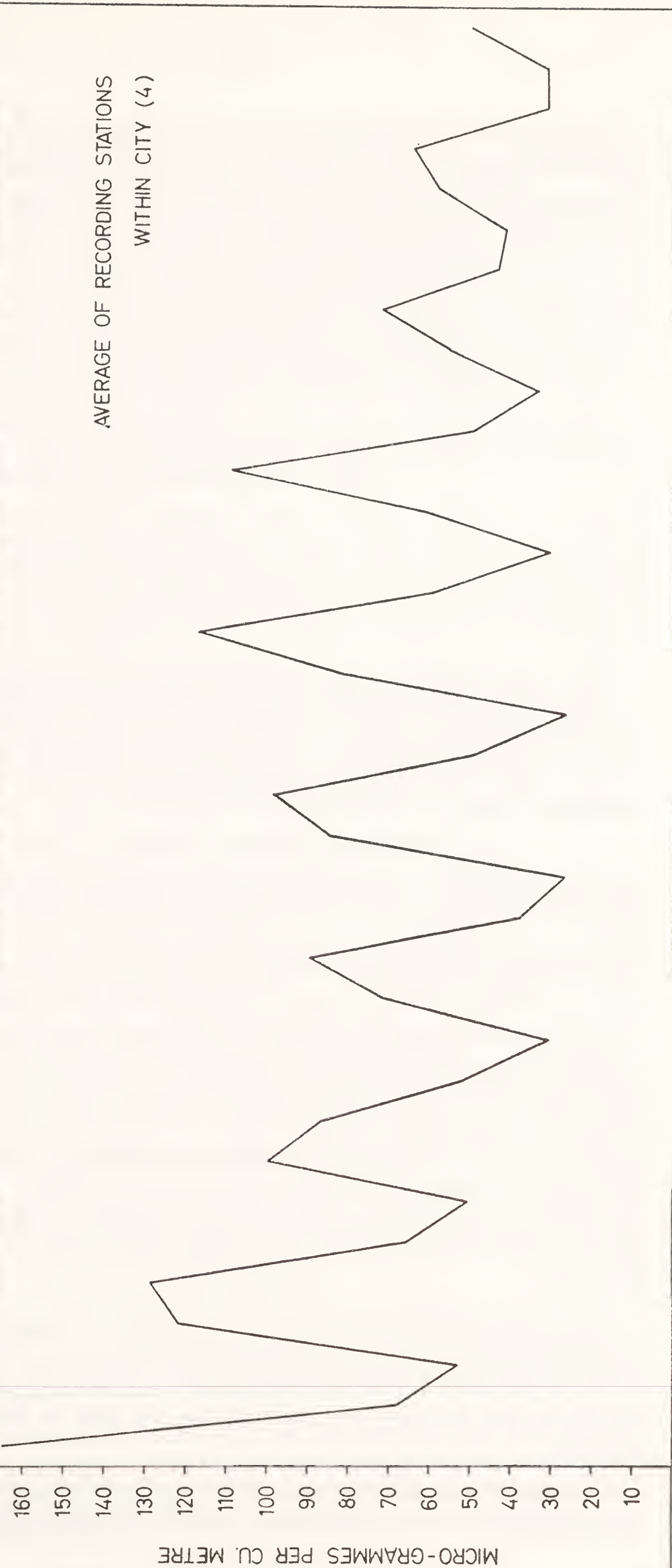


AVERAGE OF RECORDING STATIONS
WITHIN CITY (4)

CITY OF OXFORD

QUARTERLY AVERAGES — ACID GASES

1964			1965			1966			1967			1968			1969			1970			1971			1972			
FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	FEB	MAY	AUG	NOV



Twenty applications under Section 6 of the Clean Air Act, 1968, were received in respect of Chimney Heights. In all cases before approval, consultations were held between this Department and the Building Inspectors and the Planning Department to ensure agreement before the applicant was notified of the approved height. Whilst the majority of the applications were in respect of gas-fired central heating boilers, two notifications received during the year were of major importance, the incinerator serving the new John Radcliffe Hospital, and the British Leyland United Kingdom (Austin Morris Division) thermal incinerators at Cowley.

In both cases rigorous restrictions were applied. At the John Radcliffe Hospital, the incinerator stack 170 feet high is carried up with the boiler-house chimney and standards are laid down for grit and dust, hydrogen sulphide and sulphur dioxide, and a scrubber to be fitted if P.V.C. waste exceeds 25% of the total by weight. The B.L.U.K. thermal incinerators are fitted in the effluent ducts of the paint drying ovens with stacks 100 feet high which were checked by theodolite to ensure they were of the correct height.

Forty-nine complaints were received during the year concerning smoke nuisances. The great majority of these referred to the "hardy annual"—the garden bonfire. In each case the offender was visited and advised on composting his garden refuse, or to notify the Cleansing Department to enable his refuse to be removed by the Council.

The 110 odour complaints largely referred to two premises—the Osberton Radiator Works and the British Leyland (United Kingdom) 'E' Block. At the Radiator Works the complaints concerned paint fumes from the ovens used for drying paint on vehicle accessories. Of the three ovens used for drying painted petrol tanks, two are fired by gas, and one by oil. For the gas-fired ovens the parts are electrostatically painted, but for the oil-fired oven they are hand dipped. The effluent from these ovens passes directly to the external air. As an experiment, a gas-fired after-burner was fitted to the oil-fired oven which reduced the fume emission. In another part of the Works two larger ovens are used for drying painted exhaust systems. These ovens are oil-fired and the effluent is treated by water washing in Rotoclone scrubbers which would appear to be inefficient. The firm have now engaged consultants to advise on the feasibility of incineration of this effluent and are now looking into design and prices of the necessary equipment.

During the year the serious paint fume problem arising from the British Leyland Austin-Morris Complex at Cowley took up an increasing amount of the Department's time and energy and it is pleasing to report that a significant step forward was made during the year in dealing with this problem.

1972 opened with the firm in receipt of an Abatement Notice under the Public Health Act, 1936, requiring it to abate the fume nuisance, and after

a number of searching meetings with the senior management of the firm when the fume problem was discussed in considerable depth, the firm put forward a programme for dealing with this problem. The programme that emerged was divided into two phases; the first phase to be completed in 1972, costing in the region of £200,000 and involving treating some 128,000 cubic feet per minute of polluted air, and the second phase to be completed in 1973, costing in the region of £300,000. The first phase included the fitting of after-burners for direct incineration of effluent from the electro-dip ovens Nos. 1 and 2, and, as a temporary expedient, the raising of the sealer oven exhaust stacks to 90 feet above shop floor level. In June applications were received in terms of the Clean Air Act, 1968, for approval of the chimney heights in relation to the first phase.

The firm's programme and the chimney height applications were considered by the Cowley Industries Sub-Committee at a meeting in July and, although it was stated that it would be very difficult to increase the proposed chimney height of 87 ft. 6 ins., it was later agreed by the firm that the stacks would be increased to 100 ft. It was pointed out by your Chief Public Health Inspector that the residents were unlikely to see any benefit from the work being carried out in the first phase, since this work was dealing with the electro-coat process which was on the far side of the factory and much of the smell affecting residents in the Phipps Road area was from the sealer ovens. The chimney height applications were finally approved in July, subject to the following conditions:—

- (a) That the chimney heights be taken up to 100 ft. from the factory floor level.
- (b) The flue gas efflux velocity must not be less than 30 ft. per second at all loadings of the plant.
- (c) No cap or cowl must be constructed over the chimney terminals.
- (d) The fuel used in the ovens and incinerators be restricted to natural gas.
- (e) The concentration of hydrocarbons leaving each incinerator for No. 1 and No. 2 electro-dip ovens, including any increase of carbon monoxide, must not exceed 10% by volume of the hydrocarbons in the effluent entering each incinerator unit. The concentration should be expressed in terms of CH₄ equivalent.
- (f) To avoid possible condensation of combustion products or residual paint vapours on the internal surfaces of the chimneys, adequate insulation against excessive heat loss must be provided.
- (g) Sampling points must be provided at the entrance and exits of the incineration equipment in order that regular analysis can be made of the effluent and these results must be available at monthly intervals to the Local Authority.

- (h) Careful attention to be given to fans and incineration equipment to ensure that the background noise level from 'E' Block is not increased.

In October, the Health Committee withdrew the Abatement Notice and served a similar notice covering the period to October 1973 in order to allow time for completion of the second phase of the programme.

Work went ahead on the first phase and this was closely monitored by the Department. In addition, the Sub-Committee and the Health Committee visited the firm in October and December and were able to see for themselves the work that had been carried out. It was also learned that 'C' Block in North Works was to be reorganised and the Company were informed that it was imperative that once proposals were drawn up, the Department should be informed so they could discuss the environmental health implications.

Towards the end of the year, the Department of the Environment contacted your Chief Public Health Inspector and stated that a Sub-Committee of the Working Party on Odour Control would like to visit Oxford and find out the steps that were being taken to deal with the fume nuisance at Cowley. This visit was arranged for early in 1973. It would seem that in many ways the Cowley Works are pioneering the tackling of this type of fume problem in this country.

A visit to Warren Springs Laboratory was made in connection with pollution from traffic fumes with its possible hazards to health, primarily from lead alkyds and carbon monoxide, and negotiations were opened with the University for analysis of air samples taken in the streets. Owing to alterations in the circulation of traffic by pedestrianisation in the City centre, considerable difficulty is being experienced in finding a suitable sampling site. The Department of Trade and Industry are setting up five sites in major towns in the country but it too has also found problems in selecting suitable sites. It is hoped that arrangements can be finalised in 1973 for sampling certain constituents of traffic fumes in the City.

The number of visits made in connection with Clean Air activities during the year were:—

Smoke Control Areas	...	...	...	...	...	...	2,517
Boiler Plants	...	...	...	...	...	...	159
Smoke Observations ($\frac{1}{2}$ hour)	...	...	...	...	...	...	18
Smoke Observations (casual)	...	...	...	...	...	...	65
Grit and Odour Nuisances	...	...	...	...	...	...	542
Clean Air Interviews	...	...	...	...	...	...	34
Daily Recording Stations	...	...	...	...	...	...	832

Grateful thanks are due to Mr. P. F. Allen, Senior Public Health Inspector specialising in Atmospheric Pollution Control, particularly for

his interest and help in dealing with the Cowley Industrial Complex, and to Mr. J. A. Wirdnam, Technical Assistant, who bears the brunt of Smoke Control Area work.

(iii) Noise

The overall increase in noise in the modern world was reflected in the number of complaints received by the Department during the year. The 94 complaints fall under the following headings:—

Industrial	...	...	...	...	...	...	...	36
Unneighbourly conduct	...	...	...	...	...	...	...	29
Clubs and Public Houses...	...	...	...	...	...	...	...	19
Keeping of Animals	...	...	...	...	...	...	...	7
Traffic	...	...	...	...	...	...	...	2
Model airplanes	...	...	...	...	...	...	...	1

A number of the complaints referred to the noise from discotheques and dances and persons leaving the premises where these functions are held. Opportunity was taken to appear at the Licensing Justices meetings where licences for Music, Singing and Dancing were being applied for or renewed to acquaint the Magistrates of the problems likely to arise. The Department also has close co-operation with the Thames Valley Police who are often called upon to deal with late-night noise.

The Students' Union of the Oxford Polytechnic College, Gipsy Lane, hold late night functions several times during a term, and unfortunately the main hall is situated in front of the College nearest to private houses in Gipsy Lane. It is small wonder that the inhabitants object and petition the Council. Three meetings were held with the Union and College representatives and improvements in car parking arrangements were agreed to try and lessen disturbance to local residents. Various other remedies are also being considered.

The East Oxford Community Centre also caused several complaints by its evening activities. This centre is in a congested built-up area and the building was certainly not designed for its present use. After several meetings, suitable arrangements were made to finish the dances at a reasonable hour and the music to be kept at a lower volume. Guard dogs in builders' yards and building sites, when disturbed at night, give rise to nuisance by continuous barking, and, although this is the *raison d'être* for their existence, they can become most troublesome.

The industrial nuisances referred to included 6 complaints from the Cowley car complex and a miscellany, including a Dairy which had moved from one building to another on the same site with consequent teething problems and double glazing was installed to all ground floor windows of the milk bottle washing and filling area. Compressors and road drills on building sites, baling presses in waste paper works, and steam degreasing

and car tuning at garages were also the subject of complaints and had to be dealt with.

The noise problem from the Austin-Morris complex continued to require close attention during the year and a large number of noise readings were taken at night. A further 20 silencers were fitted to the colour bake spray booth exhaust stacks in 'E' Block but the noise level remained unacceptable. The firm, towards the end of the year, finally agreed to call in the University of Southampton's noise specialist service for a comprehensive noise survey to be made in relation to 'E' Block. The firm gave an undertaking that when the consultants tender their report, this Department will be able to discuss it and, if considered necessary, the consultants will be asked to carry out further work. This step is welcomed since it means that the offending plant will be looked at as a whole by experts and it is hoped that the recommendations they make will enable the firm to reduce the background noise to an acceptable level.

One aspect of the problem during the year has been the noise arising from the moving and storing of car bodies on the south side of 'E' Block, immediately facing the homes of nearby residents. This matter was taken up by the firm, who gave instructions that this practice should be kept to a minimum and to completely solve this problem, it is seeking financial approval to arrange for 'overspill' bodies to be taken to a storage area on the north side of 'E' Block away from residents' homes.

With the pedestrianisation of Queen Street, considerable disturbance from noise is inevitable and full co-operation was received from the City Engineer and his staff in agreeing a suitable clause on noise control which was inserted in the contract conditions of firms carrying out the work. The Westgate development also gave rise for concern, particularly from piling operations, and agreement was reached with contractors on various matters to minimise disturbance.

Assistance was given to colleagues in the Planning Department in arriving at noise levels for the old Power Station, Arthur Street, which the University Department of Engineering and Science hope to occupy and bring back into use. Because of the existing unusually low background noise level in the street, care had to be taken to ensure that residents do not suffer loss of amenity. Close co-operation between departments will be vital in the future to ensure decisions in one sector do not conflict with another. This is the essence of corporate management.

Towards the end of the year a noise survey was commenced and it is hoped the data obtained from it will be invaluable in assessing any increase in noise levels in future years and for advising the Planning Department as set out in a forthcoming Circular.

The purpose of this first noise survey was to obtain information on current general noise levels in the City, i.e. the "noise climate" which represents

the range of noise levels existing for 80% of the daytime. The noise climate is quoted as two figures, the lower one being the background which represents noise levels exceeded for 90% of the time, and the upper one, known as L_{10} , which represents noise levels exceeded for 10% of the time. The upper and lower peaks are thus excluded because they are transitory and have little effect on the total noise measurement. The survey has a further advantage in that it allows us to gain experience in a new method of noise assessment for wider application other than for survey purposes.

Noise readings were taken at 1 Km National Grid reference points to obtain an impartial random sample coverage. The City contains 34 points and 24 of these were selected for the first stage in 1972. The other 10 points are similar in nature to those selected and may be recorded later. Three noise tests have been made at each selected point, each test averaging $1\frac{1}{2}$ hours of measurement, so giving accurate overall coverage. The 1972 results should be taken as guidelines only until further stages are completed. These should extend the tests to 5 at each point, followed by a repeat survey at a later date for comparison purposes.

Noise readings at co-ordinate points on 1 kilometre National Grid

<i>Ref.</i>	<i>Address</i>	<i>Average Noise Climate dBA</i>
49/10	68 Rosamund Road—end of cul-de-sac	46/53
51/10	28 Scott Road	44/52
49/09	Centre of Port Meadow	42/48
51/09	School grounds, Summerfields	48/63
55/08	Port Meadow Tip Entrance	43/57
51/08	103 Banbury Road	61/74
53/08	23 Cherwell Drive	52/70
54/08	Dunstan Road/Saxon Way	55/61
51/07	Somerville College quad.	41/51
53/07	48 William Street	50/54
55/07	Holly Crescent off Wharton Road	50/53
50/06	Ferry Hinksey Road	50/69
51/06	St. Ebbe's Rectory	51/55
52/06	Botanical Gardens	48/55
53/06	South Park/Morrell Avenue	55/64
55/06	The Slade/Peat Moor	52/73
52/05	Thames Towpath, Cherwell Junction	41/50
53/05	90 Percy Street	42/64
55/05	Hollow Way/Cranmer Road	53/75
52/04	Hospital entrance off Abingdon Road	49/61
53/04	Church Way, Iffley	51/60
55/03	Centre of housing development off Blackbird Leys Road	51/59
	Between Towns Road	59/72

The first results gave some remarkable noise levels. Port Meadow, long regarded as the quietest place in the City, took second place to the Isis Towpath, and Banbury Road, a main artery and hence expected to be the noisiest road, took second place to Hollow Way, though the road beside the Cowley Centre showed the highest average. The L_{10} figures for main roads (see table) indicate that present levels are already near what should be regarded as the maximum permitted level, i.e. 70 dB.A., which should

not be exceeded for more than 10 per cent of the time at a point one metre from the facade of a dwelling, as recommended by the Noise Advisory Council. It is ironic that when this level of noise is produced other than by traffic (which this survey proves once again to be far the greatest noise source) i.e. by a factory; complaints are intense, whereas only 2 persons complained of traffic noise during the year.

It is hoped a full report will be produced in 1973 and, when additional reference points are used for measurement, a noise contour plan of the City may be possible.

(iv) Offices, Shops and Railway Premises Act, 1963

There has been a further increase in the number of premises registered—2,058 (1,873) and staff were able to carry out general inspections of 472 (801) premises and a total of 1,072 (685) other visits were also made to various premises. There were 230 (61) new premises added to the register, which was a considerable increase on the previous year, and there were 45 (22) deletions. 53 (42) accidents were reported but luckily none proved serious, although all were investigated. 32 (26) occurred in retail shops and informal advice was given in 5 (9) cases but no action was required in connection with the remainder. The following table gives details of the accidents reported and, as will be seen, approximately two-thirds of them concerned retail shops, with falls the most common accident. 16% (5%) of accidents were associated with staircases, 11% (7%) with cutting or chopping, 16% (17%) caused by spillage or falling objects, 25% (33%) associated with slipping or falling, and 32% (38%) were of minor significance.

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public and canteens	Fuel storage depots
Machinery	—	2	—	—	—
Transport	—	—	4	—	—
Falls of persons	5	15	—	3	—
Stepping on or striking against object or person	—	1	—	2	—
Handling goods	—	3	1	2	—
Struck by falling object ..	—	4	4	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	6	—	—	—
Not otherwise specified ..	—	1	—	—	—
Totals	5	32	9	7	—

Again it is pleasing to note a decrease in the number of contraventions found—105 (121) and 12 (29) concerned lack of cleanliness, which again is a decrease on the previous year. There was also a decrease in the number of premises having defective floors, passages or staircases, 10 (19) and this is

particularly important since these parts of premises, if defective, are often the cause of falls. There were, however, 23 (10) contraventions concerning washing facilities, 11 (7) sanitary conveniences, and 6 (1) lighting. This points to the need for regular inspections to ensure satisfactory standards are maintained for the health, comfort and welfare of workers in these premises covered by the Act. Fortunately no prosecutions were found to be necessary during the year.

A request was made by H.M. Factoryy Inspectorate for a special record to be kept of accidents occurring in the last half of the year involving power driven conveyors in motion, vehicles in motion moved by power, or electrical accidents. Only one was reported, involving a fork li ft truck which, when reversing, pinned an employee against a wall causing bruising—fortunately without serious consequences.

(A) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	68	823	78
Retail Shops	145	1,021	286
Wholesale Shops, Warehouses	8	58	18
Catering establishments open to the public, canteens	7	149	90
Fuel storage depots	2	7	—
Totals	230	2,058	472

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—1,544

Contraventions in respect of	Found	Contraventions in respect of	Found
Sec. 4 Cleanliness	12	Sec. 13 Sitting facilities	—
Sec. 5 Overcrowding	—	Sec. 14 Seats for sedentary workers	—
Sec. 6 Temperature	15	Sec. 15 Eating facilities	—
Sec. 7 Ventilation	4	Sec. 16 Floors, passages, stairs	10
Sec. 8 Lighting	6	Sec. 17 Fencing of exposed parts of machinery	—
Sec. 9 Sanitary Conveniences	11	Sec. 18 Protection of young persons from dangerous machinery	—
Sec. 10 Washing facilities	23	Sec. 19 Training of persons working at dangerous machinery	—
Sec. 11 Supply of drinking water	—	Sec. 20 Lifts	—
Sec. 12 Accommodation for clothing	3	Sec. 23 Prohibition of heavy work	—
		Sec. 24 First Aid—general provisions	10
		Sec. 50 Abstract of Act	11
		Total	105

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under Section 22—Nil.
Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52(1) of the Act—11
2. Number of other staff employed for most of their time on work in connection with the Act—Nil.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Action	No Action
Offices	—	4	4	—	—	—	4
Retail Shops	—	32	32	—	—	2	30
Wholesale Shops, Warehouses	—	9	9	—	—	3	6
Catering establishments open to public, canteens	—	8	8	—	—	—	8
Fuel storage depots	—	—	—	—	—	—	—
Totals	—	53	53	—	—	5	48

(v) Factories and Workplaces

Contrary to the previous year, the number of persons registered as outworkers decreased to 57 (61) and were mainly involved, as previously, in work concerned with toy-making, dress-making and tailoring operations. Increased activity resulted in 556 (213) inspections of factory premises and 24 (7) written Notices were served. The tables set out below give details of outworkers, inspections of factories and workplaces, defects found, and the action taken.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	29	Nil
Stuffed Toys	21	Nil
Jewellery	7	Nil

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	9	13	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	315	516	48	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	11	27	—	—
Total	335	556	48	—

Defects found in the Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	3	2	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	39	34	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Home-work ..	—	—	—	—	—
Total ..	42	36	—	2	—

(vi) Pest Control

Complaints totalled 1,830 (2,131) and this was a 14% reduction over the previous year, although pest complaints still remain a high proportion—70%—of all complaints received. The number of visits totalled 7,063 (6,831).

Summary of rodent and other pest complaints

<i>Species</i>	<i>No. of complaints</i>	<i>Percentage change since last year</i>
Rats	396 (376)	+ 5.0%
Mice	510 (534)	— 4.5%
Wasps	236 (519)	—54.0%
Other	688 (702)	— 2.0%
Total	1,830 (2,131)	—14.0%

The reduction was mainly attributable to a significant fall in wasp complaints in contrast to the previous year, and a slight fall in mice complaints. There was, however, a 5.0% rise in rat complaints and this is most disappointing since surface infestations have been carefully and successfully treated. Mice still cause concern since they are requiring extra visits and greater expertise in dealing with them. A total of 4,939 (4,899) rodent visits were made and 14,817 (12,968) baits were laid. Visits for various insect complaints totalled 1,622 (1,932).

Because of heavy workloads, less time was unfortunately available for dealing with feral pigeons and only 166 (372) were caught during the year and dispatched humanely. A special effort was made to deal with this type of nuisance at the Prison during the year, in co-operation with the Ministry of Agriculture, Fisheries and Food, using narcotic bait, but this proved unsuccessful. It is hoped that the exercise can be repeated next year with better success. More attention will have to be given to this problem since these pests are increasing in numbers in the City centre and already are giving trouble in the arcade of the new Westgate development.

Several complaints were received concerning grey squirrels and foxes but with limited staff available, it was only possible to offer advice to the public, since dealing with such pests is a very specialised job, although we are interested in such complaints. A fly problem during the summer at the Port Meadow Corporation Tip needed frequent visits and treatments and more expensive materials had to be used to bring it under control. One important factor during the breeding season is the need for ensuring adequate cover of the refuse with soil or other available material and confining the tipping face but this is not always easy in practice and covering material is often difficult to obtain.

Towards the end of the year the Radcliffe Infirmary engaged an outside private firm to carry out an expensive blitz treatment of the whole hospital area for Pharaoh's ants, using a new technique. The Hospital Administrator had previously asked this Department if it could carry out such a treatment but regrettably it had to be pointed out that staff resources did not permit such an extensive exercise. At the end of the year this ant problem appeared to be under control at the Radcliffe since no reports of Pharaoh's ants were received during December. A number of insect complaints from Cowley Road and Churchill Hospitals were dealt with by members of staff during the year.

There was a welcome decrease in pediculosis corporis/pubis cases, 19 (29). The Oxford Cyrenean Hostel in Osney Lane accounted for 10 cases, the Church Army 4, and there were 5 others at private addresses. All were dealt with at the place of abode except 1, which was dealt with at the public baths.

During the year the Pest Control Section was asked to take on the weekly collection of waste from 6 renal dialysis patients in the City and 272 visits were made and waste taken to the Churchill Hospital for incineration.

Two new Contracts were taken out during the year, making a total of 27 and resulting in 430 visits. The revenue from these Contracts amounted to £759 (£709). Other treatments and accounts presented for 64 (67) waste food collections totalled £290.59 (£279.09). Charges for Pest Control work have remained the same since 1969 and increases are overdue to take account of rising costs. This will be given consideration next year.

Sewer Treatment

Of approximately 3,000 manholes in the City's sewerage system, 580 were pre-baited and 327 (250) were poison baited, resulting in 58 (40) complete and 17 (13) partial takes.

Combined test treatments and directive poison programmes were carried out as follows:—

1972					Manholes		Poison takes	
					Pre-baited	Poisoned	Complete	Partial
January	Headington (part)	..			86	8	—	—
January	Central area	..	..		—	53	7	2
January	Templar Road area	..			24	—	—	—
January	East Oxford	..	..		—	60	10	—
April/May	Marston/Headington	..			100	18	—	—
April/May	Central area	..	..		—	70	8	2
April/May	East Oxford	..	..		—	64	7	5
September/ October	East Oxford	..	..		100	19	9	6
September/ October	Central area	..	..		100	31	17	2
November	Part Cowley, Rose Hill, Iffley	..	..	..	64	1	—	—
November	Blackbird Leys	..	..		36	1	—	—
November	Summertown/North Oxford				70	1	—	—
Total					580	327	58	17

- | | | | | | | | | | |
|----|--|-----|-----|-----|-----|-----|-----|-----|-------|
| 1. | Percentage of poison baited sewers showing evidence of rat activity | ... | ... | ... | ... | ... | ... | ... | 23.0% |
| 2. | Percentage of poison baited sewers showing evidence of rat activity in previous year | ... | ... | ... | ... | ... | ... | ... | 21.0% |

It was mentioned in last year's Annual Report that sewer treatments in the central and east Oxford areas would have to be carried out more frequently and, as shown in the above table, these areas were in fact each treated three times during the year and still showed considerable activity by the number of complete and partial takes of poison baits. These two areas are, of course, heavily built up and contain some of the oldest parts of the City's sewerage system and are more difficult to treat because of problems of access and suitable placing of baits. In contrast, other areas of the City treated showed little, if any, rat infestation. Continued frequent attention to these two areas will be necessary in 1973.

Whilst the Council's policy of restricting on street parking is commendable in relieving traffic congestion in the City centre, it nevertheless caused staff to spend extra time in finding somewhere to park vans containing equipment as close as possible to the place of work. In the past the Department has taken great pride in trying to give a same day service to com-

plainants but this is becoming more difficult with increased workloads and general survey work had to be curtailed. Staff absences due to leave or sickness puts undue stress on the Section and delays in attention to complaints inevitably occur. A further Pest Control Operator is urgently required and it is hoped such an appointment can be made next year.

Thanks are due to Mr. G. Williamson for his contribution to this part of the report and to all members of the Pest Control Section for their conscientious and valuable service to the community since a great deal of work has to be done outside normal working hours. Appreciation of the help given by members of the City Engineer's Department, technical staff of the Ministry of Agriculture, Fisheries and Food, and the University Hope Department of Entomology is also gratefully recorded

Certain statistics are given below in the form required by the Ministry dealing with rodent control visits to property

Prevention of Damage by Pests Act, 1949
Report for Year ended 31st December, 1972

					<i>Type of Property</i>	
					<i>Non-</i>	
					<i>Agricultural</i>	<i>Agricultural</i>
<i>Properties other than sewers</i>						
1. Number of properties in district	...	...	...	...	40,500	5
2. (a) Total number of properties (including nearby premises) inspected following notification	...	...	...	...	1,210	—
(b) Number infested by						
(i) Rats...	...	...	...	...	396	1
(ii) Mice	...	...	...	...	510	1
(iii) Nil found	...	...	...	...	304	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notificatoin	...	...	...	...	924	—
(b) Number infested by						
(i) Rats...	...	...	...	...	11	—
(ii) Mice	...	...	...	...	11	—

Sewers—

4. Were any sewers infested by rats during the year? Yes

Visits by Operatives in connection with Rodent Extermination

					<i>Totals</i>	
<i>Local Government Premises</i>						
1st visits	...	...	...	...	99	
Re-visits	...	...	...	...	292	391

					<i>Totals</i>	
Dwelling houses						
1st visits	...	...	...	...	859	
Re-visits	...	...	...	...	2,515	3,374
Business Premises						
1st visits	...	...	...	...	213	
Re-visits	...	...	...	...	740	953
University Premises						
1st visits	...	...	...	...	39	
Re-visits	...	...	...	...	182	221
						<hr/>
						4,939
						<hr/>
Poison						
Baits laid	...	...	...	...	14,817	

(vii) Lodging Houses

The Oxford Cyrenean Community, which became an independent body in 1970, having formerly been connected with the National Simon Community Trust, has continued to give shelter to vagrants at its Hostel in former British Rail buildings in Osney Lane. The premises are registered as a Common Lodging House for 20 persons and provide food and overnight shelter for men passing through the City. A residential or second tier part of the premises provides accommodation for 8-10 alcoholics, and men with chronic psychiatric disorders. All of them find difficulty in forming stable relationships and this Unit is intended to try and rehabilitate some of these unfortunate cases, who are making a determined effort to go "dry", with the help of a General Practitioner who holds a regular surgery in the House, and the Ashhurst Clinic for Alcoholics. In many ways the second tier Unit acts as a referral agency for men who otherwise would probably not receive the treatment they need. These more permanent residents help with the work in the Hostel and the general aim is not to house large numbers of homeless but to help a few individuals to find life more satisfying in a small community household.

Most of the male and female volunteers who staff the Hostel come from the ranks of the University social workers, students, and others who find satisfaction in trying to help these people. A small number of full-time lowly paid staff carry out a period of service at the Hostel but, because of the very nature of the work, there is a constant turnover of helpers and, as in previous years, it is most difficult to keep track of the Keeper and his Deputy currently in charge of the premises.

Regular visits were made to the Hostel by the District Inspector to ensure that conditions were satisfactory and during the year three informal Notices were sent listing various items requiring attention. No complaints

were received, although the Department was called in to deal with 10 men infested with lice and treatment consisting of bathing and the application of approved materials was carried out at the premises by members of the Pest Control Section.

The Church Army Hostel in Cambridge Terrace, St. Ebbe's, continued to provide an invaluable service for certain types of single men needing reasonably cheap accommodation. It also provides accommodation for a number of old age pensioners. The Church Army has to vacate its present site during 1973 but a start should be made next year on a new Hostel to be built on part of the Council-owned Albert Street car park near the present premises. The new Hostel will not, however, be ready for occupation before 1975 and in the interim period the Church Army has to find temporary premises and discussions took place with the Council for a suitable building which could house 80-100 men for a period of two years or so. There is a great need in Oxford for this type of Hostel and the new premises will undoubtedly be a welcome asset to the City.

Four cases of lice infestation were dealt with in the usual way at the premises during the year, which have been reasonably well run, bearing in mind the age of the building and its imminent closure.

The Salvation Army's new citadel is also situated in St. Ebbe's and is involved in much needed welfare work.

(viii) Movable Dwellings

There is one licenced caravan site in the City at Wolvercote for 7 caravans but only one caravan occupied the site during the year and there were no difficulties.

Early in the year the Council approved a new gipsy caravan site in accordance with the Caravan Sites Act, 1968, at Slade Park, costing over £50,000, and work on it commenced towards the end of the year and completion is expected in the summer of 1973. It will contain 15 pitches and 2 of them will each be large enough for 2 caravans. This is essential since some large families need more than one caravan. The site is intended for both transit and long stay gipsies and facilities provided will be of a reasonably high standard. Each pitch will be fenced, with a hard standing of sufficient size for stationing a caravan and a large vehicle and a separate building containing a store and sanitary block. An Elsan closet disposal point, Warden's office and suitable refuse containers will also be provided on the site. Whilst it is close to existing Army personnel dwellings and Council houses, the site will, however, have a separate access from the main road. An Adventure Playground is also near at hand and in time may help to break down the social barrier between gipsy and other children. A Warden with considerable experience of social work has already been appointed and lives close to the site. At the moment he is responsible for

the temporary site at Slade Park which is on City-owned land within the Bullingdon R.D.C. area. This site has been granted a temporary licence pending the completion of the new site and at the end of the year contained 13 caravans housing 9 families.

In May, 7 caravans were removed by Bullingdon R.D.C. to their new Sandford site and it is hoped that the remaining caravans will be re-located on the new City site in 1973. Considerable problems have been associated with this temporary site, which is poorly equipped, and Bullingdon R.D.C. removed 60 loads of rubbish from the area before the City Council took over responsibility.

Few complaints were received during the year in contrast to previous years and a considerable improvement has been evident since the Warden, Mr. E. H. A. Newell, of the City Estates Department, was appointed in September, and the Council is indebted to him for the way in which he has so far tackled this difficult job in becoming accepted by the gipsies and for his enthusiasm and understanding in helping them with their problems and at the same time carrying out his Council duties as Warden.

(ix) Drainage

There were the usual number of drainage problems, 44 (45), concerning leaking or obstructed drains and we are indebted to the staff of the City Engineer's Department, particularly the Drainage Section, for help whenever necessary.

(x) Radiation Hazards

Under the Radioactive Substances Act, 1960, Section 6, 30 premises continued to be registered in the City by the Department of the Environment concerning the disposal of radioactive waste in accordance with strict conditions laid down in the authorisation certificates, copies of which are sent to the Council and retained by this Department. These relate mainly to hospitals and University Departments. There are also 20 premises registered under Section I of the Act for the keeping and use of radioactive sources which do not involve the disposal of radioactive waste and mainly concern educational premises.

During the year, with the co-operation and help of Dr. Stubbs, Acting Radiation Protection Officer for the hospitals and University, slightly amended arrangements for the disposal of radioactive waste of relatively low activity on the Port Meadow Tip were discussed and agreed and put into practice to ensure the best possible means of deep burial. Routine checks were made to verify that the actual procedure was being carried out and thanks are due to Mr. J. P. Skelly, Cleansing Superintendent, and his staff for their help in carrying out these arrangements. The amounts disposed of were below the annual maximum permitted levels and there were no emergency calls during the year.

(xi) Schools

A comprehensive survey of all schools, including nursery, special, as well as independent schools and further educational establishments, was carried out at the beginning of the year. Regrettably a large number of items were found to need attention, involving insufficient heating of classrooms, defective or insufficient sanitary accommodation and washing facilities, inadequacy of drinking water points, overcrowding and poor ventilation of some classrooms, unsatisfactory kitchen facilities and general building defects.

Smell nuisance was evident in some schools where sanitary accommodation with poor ventilation arrangements opened directly into classrooms. In one infants school the boys' outside urinal was badly worn and urine was soaking through the brickwork into the playground. Some schools were without any drinking water fountains and this is considered an essential requirement for the over 7's, who do not now receive school milk. In one junior and infants school there was only one drinking water fountain for 250 pupils. In another the rest room had been taken over as a store and the school was having to make do with a bed in a very draughty corridor. School meals at a junior school were taken at school desks owing to the inadequacy of the school hall and had to be carried across the open playground from the kitchen.

Some of these defects were unfortunately found to be outstanding from previous inspections and, although some of the schools involved have a limited life, many of the defects in others were considered to need urgent attention. Some of the unsatisfactory conditions were remedied during the year but a large number of improvements are still necessary. Difficulty is being experienced in getting work done because of the acute building labour shortage. Nevertheless a determined effort is necessary to improve the standard of existing school buildings in the City.

(xii) Swimming Baths and Bathing Facilities

As in previous years, routine on-the-spot checks of chlorine and pH values were made at all indoor and open air school and public swimming pools and paddling pools and, in addition, 110 (91) water samples were sent to the Public Health Laboratory for bacteriological examination. Results were generally satisfactory with a few exceptions, which were quickly remedied when the pool operators were informed. General inspections were also carried out of river bathing places during the summer. The list of bathing facilities is given below.

Indoor Baths and Pools—Blackbird Leys Road; St. Mary and St. John, Hertford Street; Nuffield Orthopaedic Hospital Bath No. 1; Nuffield Orthopaedic Hospital Bath No. 2; St. Edward's School; Wolvercote County Primary School.

Open Air Pools—Wood Farm Estate County Primary School; Rye St. Anthony School, Pullens Lane; Nuffield Open Air Swimming Pool; New Marston County Primary School; Headington Girls' School; Milham Ford Girls' School; St. Andrew's C. of E. Primary School; St. Joseph's New Catholic School, Headley Way; Dragon School; Bishop Kirk C. of E., Middle Way; Cutteslowe County Primary School; Summerfield School; Oxford High School for Girls; St. Philip and St. James Primary School, Leckford Road; St. Edward's School; Cutteslowe Park Paddling Pool; Sunnymede Paddling Pool; Rose Hill; St. James C. of E. C.P. School, Beauchamp Lane; Bartholomew Road Junior School; Blackbird Leys Paddling Pool; New College School; Bartlemas Nursery School Paddling Pool; Slade Park Health Centre—Play Group.

Public Bathing Places—Temple Cowley covered swimming pool; Hinksey Pools (open air).

River Open Bathing Places—Rhea Island Wychwood School; Wolvercote; Dragon School; Longbridges; Tumbling Bay.

(xiii) Pet Animals and Animal Boarding Establishments

There are 9 (10) premises licensed under the Pet Animals Act and 42 (38) routine visits during the year showed that all the premises complied with the requirements of the Act and were well run.

There were no Animal Boarding Establishments which needed to be licensed under the Animal Boarding Establishments Act and no trouble was experienced during the year from the greyhound track kennels at Cowley.

(xiv) Riding Establishments, Stables and Piggeries

There are no licensed riding establishments in the City, although one application was made in December and has still to be dealt with. Only one piggery out of two remaining in the City is registerable under the Diseases of Animals (Waste Food) Order, 1957. With the outbreak of swine vesicular disease in England towards the end of the year, particular attention was given to this piggery since the boiling of pig swill for at least one hour is essential in preventing the spread of disease. 18 (19) inspections were carried out, including general visits to a small number of private stables.

(xv) Dry Cleaning Plant

These gave no trouble, except for one premises in the City centre which was the subject of complaints of odour nuisance. Considerable investigatory work was carried out towards the end of the year and it was evident that the complaints were justified and the owner was requested to carry out modifications to the dry cleaning machine and gas-fired boiler exhaust

systems and ventilation arrangements for the premises. Unfortunately, the building of which the shop forms part, contains three floors of offices above and is approximately 40 ft. in height and extensive lengths of ducting are necessary to deal with the problem. However, it is hoped that it will be resolved in the New Year with the service of a formal notice under the Public Health Act, 1936, if necessary.

Dry Cleaning premises in the City

Premises having washing machines with driers and coin-operated dry cleaning machines	...	...	...	...	...	...	7
Premises having washing machines and driers only without dry cleaning machines	...	...	...	...	...	...	12
Premises having dry cleaning machines (coin-operated) without attendants	...	...	...	...	...	...	5
Large dry cleaning appliances in premises with attendants	...						10
Receiving shops only	...	...	...	...	...	...	19

(xvi) Residential Houseboats

There are about 24 houseboats moored on the river system within the City. A minority are of a very good type with satisfactory sanitary and refuse disposal arrangements and there is no likelihood of nuisance. Many of them, however, leave a great deal to be desired concerning the type of boat used and the disposal of sewage and sullage water. Elsan closet contents are buried haphazardly on land boarding the river and waste water is often discharged to the river in a number of instances, despite the existence of Byelaw 49 of the Thames Navigation and General Byelaws, 1957, which prohibits the discharge of waste water to the river.

Better control over the mooring of residential houseboats within the City area is needed. The law regarding houseboats is rather weak and at present a public health nuisance has to be proved before anything can be done and, although the crude sanitary arrangements are not really satisfactory in a built-up City area, no actual nuisance has been found which needed attention by the Department. The disposal of Elsan closet contents from these boats would seem to be an intractable problem since the boats are dispersed so widely and there are no proper drainage facilities close at hand.

The question of permanent and casual moorings for pleasure craft is also becoming more of a problem with the greater volume of river traffic and there is now a pressing need for a sanitary station in the Oxford area to cope with the proper disposal of sewage and waste water. One Local Authority, for instance, has dealt with this problem, including the provision of a public convenience on the river bank. A considerable amount of discussion has already taken place between the Thames Conservancy and this and other Corporation departments with so far little result, the

difficulty being the finding of a suitable site. This problem should, however, be given high priority.

(xvii) Sewage Disposal

The recently extended treatment works at Sandford-on-Thames to cope with a design dry weather flow of 10 mgd (45,460 m³d) functioned adequately throughout the year. Average sewage flows were slightly lower than last year, 7.98 m.g.d. (36,273 m³d), mainly attributable to the very dry period between July and October. Rainfall for the year was 24.3 inches. Effluent quality was generally much superior to the rather high standard requirement and samples examined by the Thames Conservancy proved to be satisfactory.

The average volume of raw sewage sludge withdrawn from the primary sedimentation tanks was higher than usual, amounting to some 46,000 gallons per day (209 m³d), the increase probably being due to longer retention times. All raw sludge was anerobically digested for some 30 to 40 days before being thickened prior to vacuum filtration or direct tanker distribution onto the 500 acre farm owned by the City Council. 3,567 tons of vacuum filter cake was produced and was almost entirely distributed on the City-owned farm and 9,249 gallons of liquid digested sludge was also spread daily on this farm.

As usual, all surplus activated sludge was dealt with separately and after consolidation to approximately 3.0% solids. this valuable soil conditioner, containing nitrogen and phosphates, was distributed to some 3,000 acres of various farms within a 10 mile radius of the Works. The average daily volume so distributed was 22,500 gallons (102 metres³).

During the year trade effluent from 90 industrial premises was regularly monitored. The Sewage Chemist and laboratory staff of the Sewage Works also gave considerable assistance to this Department with the implementation of the Disposal of Toxic Waste Act, 1972. A number of samples were examined to determine whether they could safely be tipped on land in the City and certain small amounts of toxic materials were taken to the Sewage Works for treatment and safe disposal.

It is a pleasure, as usual, to acknowledge with thanks the contribution of Mr. V. H. Lewin, Chemist Manager, in this part of the Report and also for the co-operation and advice readily given by him and his staff whenever requested.

(xviii) Water Supply

REPORT OF THE ENGINEER TO THE OXFORDSHIRE AND DISTRICT WATER BOARD FOR 1972

MR. G. W. FULLER, B.Sc., M.I.C.E., F.I.W.E.

During the year the supply to consumers was adequate in the City and no restrictions had to be imposed.

The total quantity of water treated at Swinford and Farmoor Source Works, which supply the Oxford City system, during 1972 was 21,771,556m³, a decrease of 1,197,330m³ in the quantities treated in 1971.

After deducting metered supplies, the average consumption per head per day was 0.16m³.

The quality of the water was satisfactory.

Bacteriological examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration, and of the final water leaving the Swinford Source Works.

Examination of these samples by the Public Health Laboratory gave the following range of probable number of coliform bacilli per 100 ml.

River Water Samples	...	...	...	35-55000
Settled Water Samples	...	...	...	Nil
Filtered Water Samples	...	...	...	1-1
Final Water Samples	...	...	...	Nil

Bacteriological samples were taken weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results:—

Place of sampling	Total No. of samples taken	Results		Satisfactory samples as % of total no. of samples taken
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir ..	51	51	—	100%
Headington „ ..	60	53	7	88.3%
Shotover „ ..	52	50	2	96.1%
Boars Hill „ ..	52	51	1	98%
Brasenose „ ..	51	51	—	100%
Wootton „ ..	50	50	—	100%
Horspath „ ..	51	51	—	100%
Consumers' Taps ..	38	33	5	86.8%

Four of the fifteen unsatisfactory samples were of the faecal type.

During the year the comprehensive system of sampling in accordance with modern recommendations has been in operation for the whole of the Board's area.

The number of dwellinghouses in the City is 32,450, all of which are directly supplied.

Chemical Analysis of River Thames at Swinford 1972

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	55	3.7	11
Colour (Hazen)	90	1	20
pH	8.7	7.9	8.2
Electrical Conductivity at 20°C (micromhos per cm ³)	680	480	590
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	490	335	425
Carbonate (as CaCO ₃)	30	Nil	10
Total Alkalinity	235	132	207
Permanent hardness	138	78	99
Temporary	230	132	198
Total	340	240	297
Ammoniacal Nitrogen	0.44	0.22	0.13
Albuminoid	0.44	0.11	0.19
Total Oxidised Nitrogen	7.5	1.8	3.8
Oxygen absorbed from Permanganate (4hrs at 27°C)	5.2	0.8	1.8
Chloride as Cl	49	18	31
Sulphate as SO ₄	74	59	64
Phosphate as PO ₄	2.9	0.2	1.1
Sodium as Na	40	12	22
Iron as Fe	Nil	Nil	Nil
Copper as Cu	0.03	Nil	0.02

Chemical Analysis of Water supplied from Swinford Source Works 1972
(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	1.5	0.10	0.29
Colour (Hazen)	7	Nil	2
pH	8.0	6.9	7.6
Electrical Conductivity at 20°C (micromhos per cm ³)	695	505	600
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	500	355	430
Total Residual Chlorine as Cl	1.85	0.10	0.42
Free Residual Chlorine	1.20	Nil	0.22
Combined Residual Chlorine	0.65	0.06	0.20
Free Carbon Dioxide	15	3	7
Total Alkalinity	213	125	185
Permanent Hardness	162	92	111
Temporary Hardness	213	125	185
Total Hardness	332	250	295
Ammoniacal Nitrogen	0.06	Nil	0.02
Albuminoid Nitrogen	0.25	0.04	0.10
Total Oxidised Nitrogen	8.0	1.8	3.7
Oxygen absorbed from Permanganate (4hrs at 27°C)	1.6	0.4	0.9
Chloride	53	26	35
Fluoride	0.32	0.12	0.20
Sulphate	93	62	74
Calcium	117	88	100
Magnesium	12.2	2.0	8.7
Aluminium	0.16	0.01	0.04
Iron	Nil	Nil	Nil
Potassium	8.6	2.7	4.8
Sodium	40	12	22
Copper	0.03	Nil	0.01
Phenol	Nil	Nil	Nil
Detergent as Manoxol O.T.*	0.08	0.02	0.05

*MONTHLY TESTS

Analysis of Farmoor Reservoir Water in 1972

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	6.0	1.0	2.5
Colour (Hazen)	21	1	10
pH	8.9	8.3	8.6
Electrical Conductivity at 20°C (micromhos per cm ³)	580	490	530
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	415	340	375
Carbonate (as CaCO ₃)	50	5	30
Total Alkalinity „ „	199	167	185
Permanent Hardness „ „	147	97	115
Temporary „ „	184	135	157
Total „ „	296	252	272
Ammoniacal Nitrogen „ N	0.26	0.01	0.06
Albuminoid „ N	0.30	0.11	0.18
Total Oxidised Nitrogen „ N	6.0	0.8	2.6
Oxygen absorbed from Permanganate (4hrs at 27°C)	1.4	0.8	1.1
Chloride as Cl	33	25	29
Sulphate „ SO ₄	76	67	70
Phosphate „ PO ₄	1.1	0.2	0.4
Sodium „ Na	23	15	18
Iron „ Fe	Nil	Nil	Nil
Copper „ Cu	0.03	Nil	0.01
Chlorophyll „ mgm ⁻³	19.6	1.4	8.4

Chemical Analysis of Water supplied from Farmoor Source Works during 1972

(WATER SAMPLED AT WEEKLY INTERVALS EXCEPT WHERE SHOWN)

	Maximum	Minimum	Average
Physical Characteristics			
Turbidity (j.t.u.)	0.55	0.09	0.19
Colour (Hazen)	1	Nil	1
pH	8.0	7.4	7.7
Electrical Conductivity at 20°C (micromhos per cm ³)	580	505	545
Chemical Characteristics (milligrammes per litre)			
Total Dissolved Solids (dried at 180°C)	415	355	385
Total Residual Chlorine as Cl	0.86	0.21	0.46
Free Residual Chlorine „ „	0.64	0.05	0.23
Combined Residual Chlorine „ „	0.40	0.12	0.23
Free Carbon Dioxide „ CO ₂	9	3	6
Total Alkalinity „ CaCO ₃	183	137	164
Permanent hardness „ „	117	94	106
Temporary „ „	183	137	164
Total „ „	294	248	270
Ammoniacal Nitrogen „ N	0.07	Nil	0.02
Albuminoid „ N	0.16	0.05	0.10
Total Oxidised Nitrogen „ N	4.3	0.5	2.5
Oxygen absorbed from Permanganate (4hrs at 27°C)	0.8	0.3	0.6
Chloride as Cl	34	27	30
Fluoride „ F*	0.24	0.10	0.16
Sulphate „ SO ₄ *	93	77	83
Calcium „ Ca*	102	79	93
Magnesium „ Mg*	13.6	7.3	9.3
Aluminium „ Al	0.21	Nil	0.07
Iron „ Fe*	Nil	Nil	Nil
Potassium „ K	5.0	3.6	4.1
Sodium „ Na	23	15	18
Copper „ Cu*	0.04	Nil	0.01
Phenol „ C ₆ H ₅ OH*	Nil	Nil	Nil
Detergent as Manoxol O.T.	0.07	Nil	0.03

*MONTHLY TESTS

B. HOUSING

It was undoubtedly an eventful year so far as housing was concerned, with the Housing Finance Act, 1972, and the general shortage of accommodation in the City never entirely out of mind.

With reference to the Act, the rent of Council housing is not my direct concern and much has been said and written in this connection. However, this Department is directly involved in any changes affecting the private housing sector. The most radical change is a system of rent allowances to help tenants who cannot afford what are, in many cases, long overdue rises in the rents payable by controlled tenants. More will be said about this under "Qualification Certificates".

Associated with the problem of homelessness has been that of squatting, sometimes by families genuinely desperate for a house, at other times by single men and women living rough communal lives to the embarrassment of neighbours and all those who came in contact with them. The question of how to overcome the housing shortage is a complex one, each political and charitable organisation having its own hopeful solution. One positive step was the regular check-up on empty dwellings and contact with owners in efforts to expedite repair, improvement and re-occupation. Some success was achieved in this way. Housing Committee may well have to consider some form of compulsion in dealing with owners who are completely indifferent to the problem.

As part of this striving to achieve a good standard of housing, my Department, towards the end of the year, introduced in Housing Committee a Registration Scheme for houses in multiple occupation to form a double prong with the existing Standards which have been in operation since 1967. The Scheme comes into force in 1973.

Local Plans, which barely got a mention last year, became very time consuming this year. The concept of a Council and its officers working in direct co-operation with residents and their associations and amenity groups is certainly not new in Oxford. It has been in operation for many years in the comparatively small Jericho area, mainly as a housing improvement scheme; whereas a Local Plan looks at all aspects of life in any particular large but homogenous part of the City. This means even more co-operation between the various City departments, the setting up of Working Groups of officers and, most important, meetings and discussions with residents and their amenity groups in an effort to adopt a common policy. The problems of public participation on such a scale need no emphasis from me, but it must mean slower progress with infinite patience on all sides with the hope of a better solution in the long run.

A word now about one of our traditional functions, that of investigating tenant's housing complaints. They are dealt with as expeditiously and

sympathetically as possible. Not surprisingly, their content is changing, leading to new problems, particularly legal. Where pre-war electric wiring has still not been renewed it is a definite hazard to both occupants and house. It is possible to include rewiring in notices under the Housing Acts dealing with houses in need of substantial repair, and quite usual to get owners to voluntarily rewire when such a defect has been pointed out to them. When, however, co-operation is lacking and the use of the Housing Acts is not possible, it is usually necessary to invoke the Public Health Acts, particularly the nuisance procedure. Unfortunately defective wiring cannot be dealt with in this way, an omission that should be righted. In a similar way it is difficult to deal with condensation problems due to inherent defects in the house as opposed to a lack of understanding by an occupant largely creating the situation.

During the year tentative efforts were made to use Section 9(1a) of the Housing Act, 1957. This is a recent amendment allowing the service of notices in respect of houses, although not unfit, in need of substantial repair. Work in default had to be carried out but difficulty was experienced in obtaining contractors willing to carry out the work. A strong Works Section in the City Estates Surveyor's Department would be a great help in this respect. The conflict for labour, much of it well paid by Council standards, makes this difficult to achieve.

Unfit Houses

The Council continued its policy of dealing with unfit housing by voluntary agreement whenever possible. This worked satisfactorily on the whole with the help of Improvement Grants, purchases by the Council and other changes in ownership. The target remained at 100, which was almost achieved, as indicated below.

Unfit houses demolished

(i) in and adjoining Clearance Areas	...	...	...	13	
(ii) outside Clearance Areas	...	...	...	30	
(iii) Subject to Certificates of Unfitness	...	...	...	8	
				—	51
Unfit houses closed	...	...	...	...	34
Unfit houses completely rehabilitated (not previously reported as closed)	...	...	...	...	25
					—
					110
Houses demolished previously reported closed	...	...			12
					—
Net progress	...	...	...	...	98
					—
Parts of houses closed	...	...	...	...	5
Parts of houses made fit	...	...	...	...	1
Persons displaced	...	...	...	...	92
Families displaced	...	...	...	...	39

There was one successful prosecution following the occupation of a basement subject to a Closing Order.

It will be remembered that the Department carried out a Sample House Condition Survey towards the end of 1969. This indicated that there was an estimated 1,353 unfit dwellings in the City. I am asked from time to time what the current figure is and it is difficult to be precise about this. During the three years 1970-72, 273 unfit dwellings were dealt with by repair and improvement, demolition and closure out of a target of 275. At first glance this suggests 1,080 remain but it is not known how many have become unfit since 1969 or how many have been made fit informally without reference to this Department. Only another survey in due course, ideally using the same 1,000 dwellings as a sample, can indicate the real progress in this and other fields covered by such surveys.

Qualification Certificates

During the year this procedure for the increase of rents was in the process of running down due to the fact that landlords anxious to take advantage of the system had already done so, and also to the Housing Finance Act. Although having a short life, the system achieved a great deal. Most applications were in respect of houses built during the 1930's with controlled rents in the region of £1.25. Not unnaturally, owners had been reluctant to carry out repairs on rents fixed in 1957. The Housing Act, 1969, gave many owners the necessary encouragement to carry out Schedules of Works prepared by the Housing Inspectors as 'fair' rents could only be achieved after the house had been certified to be in good repair and in possession of a bathroom and internal W.C. The assessment of the rent was the prerogative of the Rent Officer.

In instances, as indicated below, Certificates had to be refused as the repairs were too extensive to hold the applications in abeyance or because some of the Standard amenities were missing. Many have been followed up and, where necessary, repair notices served and work carried out in default.

Under the new Act 'fair' rents can be assessed without certification by the Local Authority, the Rent Officer taking into account conditions as they are. Qualification Certificates are to be phased out depending on the rateable value of the property. It is anticipated that many tenants of houses in poor repair who have their rents raised will complain to this Department. If this does happen then continuing progress will be made as under the Qualification Certificate system.

	1972	<i>Totals at</i> 31/12/72
Full Certificates (Houses already possessing Standard Amenities)		
Applications received	23	292
Certificates issued after carrying out repairs ...	53	192
Certificates refused	10	36
Applications withdrawn	5	37
In abeyance		27
Provisional Certificates (Houses without one or more Standard Amenity)		
Applications received	18	71
Provisional Certificates issued	21	57
Applications withdrawn	3	8
Full Certificates issued after installation of standard amenities and repairs	9	15
In abeyance		6

Mortgages

This continued to play a large part in the work of the Housing Division. Like the previous year, all applications for City mortgages received by the City Treasurer were passed to this Department initially for the preparation of full schedules of work, costings and indications of grant possibilities. In this way it has helped to increase the general standard of the housing stock, whereas previously, when only outside valuers were consulted, they were prepared to recommend acceptance of applications for periods of say, 25 years, without insisting on installation of bathrooms and damp proof courses, etc. Looked at purely from a financial point of view, this could be justified, but with nominal retentions against repair and improvements real housing progress has been achieved. As before, re-surveys against retentions were carried out by this Department.

During the year 64 initial mortgage applications and 2,720 Land Charge enquiries were dealt with.

Multiple Occupation

As indicated in the introduction, the culmination of the year's efforts was a report to Housing Committee which resulted in the adoption of a Registration Scheme to come into force on 1st April, 1973. It will be the end of that year before any assessment of its achievements will be known.

This is not to belittle the strenuous efforts put into the inspection and re-inspection as necessary throughout the year of known houses in multiple occupation by Mr. Branch, the Technical Assistant, and colleagues, particularly Mr. Brown from the Chief Fire Officer's Fire Prevention Department. The message is at last getting home that the Council is determined to achieve better standards of this type of accommodation and

the following table shows the result of this. It would help if tenants of such furnished houses had more security as one eye has often to be kept on this aspect to the detriment of the request for improvements.

Estimated no. of houses in multiple occupation	2,607
No. of premises on 'register' at end of year	551
No. of premises subject to Directions limiting no. of occupants	15
No. of Directions made during year	2
No. of Directions revoked during year	1
No. of premises satisfactory as regards:—	
(i) Amenities and repair	189
(ii) Fire precautions	78
No. of informal notices served	147
No. of formal notices served	4

Jericho Rehabilitation Area

Housing improvements continued to go ahead in Jericho and a further 4 Blocks were surveyed. Towards the end of the year a report recommending the inclusion of the greater part of the area in a General Improvement Area was accepted in principle by the Council. It was also agreed that the remainder of Jericho should be declared a G.I.A. after the necessary survey work has been completed.

The resewering was completed and it was hoped that environmental street improvements would follow as soon as possible. The Residents Association, however, does not seem to approve of such improvements, other than a residents' on-street parking scheme. I consider it was a short-sighted policy to turn down the opportunity of off-street car parking and garaging in the centre of Block 4.

The City Estates Surveyor has continued to help keep the community together by finding alternative accommodation within Jericho for those displaced who wish to stay in the area. No-one has had to leave so far, except by choice.

Local Plans

As mentioned in the introduction, these came to play an increasingly important part of the Housing Division's work as the year progressed. The East Oxford No. 1 Local Plan instituted at the end of last year naturally received most attention. During the year the Housing Inspectors carried out a survey of 168 properties in the St. Clement's area, the results of which are still to be reported to the Planning Committee.

In the Local Plans (South No. 2 and North No. 3) declared during the year, activity has been concerned mainly with the holding of meetings with members of the public and representatives of amenity societies. Officers of this and other Departments gave up much of their own time to attend these meetings.

The future of urban change to bring the older parts of the City into the 1970's now lies with the Local Plan system and the Structure Plan for the whole of the new County area, of which the former must be an integral part. It will be a major activity of the new Oxford District Council.

Improvement Grants

Overall there was again a rise in the number of Grant approvals but the figures are still low when the extent of the problem of urban renewal and improvement is considered. The number of special grants approved was very low, bearing in mind the large number of houses in multiple occupation in this City. The registration scheme coming into force next year may, however, stimulate more applications for this type of grant.

The Housing Inspectors helped man an Improvement Grant Exhibition in the Town Hall in the early part of the year. The attendance by members of the public was somewhat disappointing and it is often difficult to assess the value of such functions.

Thanks are due to the City Engineer and his staff for supplying the statistics regarding Grants. Liaison between the two Departments continued on a good basis and information in the possession of one Department is gladly passed to the other to the mutual benefit of both.

Housing Repairs and Improvements Carried Out, 1972

[illegible]

Improvement Grants for year ended 31st December, 1972

	Number of applications approved during year		Number of applications received during year		Total number of applications to 31st December, 1972	Value of applications approved during year	Value of Grants paid during year		
Discretionary	o/occupiers others	168 75	Total 243	o/occupiers others	205 97	Total 302	1,847	£169,058	£126,888
Standard	o/occupiers others	33 24	Total 57	o/occupiers others	45 20	Total 65	1,271	£8,784	£7,833
Special	o/occupiers others	5 4	Total 9	o/occupiers others	1 1	Total 2	33	£265	£380

C. FOOD

(i) Milk and Milk Products

The number of milk distributors remains more or less the same with 160 (157) registered and 21 (24) self-service milk vending machines. A total of 545 (269) samples of heat-treated milk were submitted to the Public Health Laboratory Service for statutory testing, of these 27 (27), approximately 5.4% (10%) failed the Methylene Blue keeping quality test. It is pleasing to note that the percentage of failures has fallen. As in the past, the failures in the majority of cases were due to poor stock rotation by retailers, with 15 (21) failures from vending machines, 9 (5) from shops, 1 (1) from a delivery roundsman, and 2 from a Dairy. Failures were in each case discussed with the retailers and processors concerned. Lapses in stock rotation were often found to be the direct result of staff changes due to holidays and other reasons. In all instances follow-up samples proved to be satisfactory. The large increase in the number of samples taken was due to two factors; the internal reorganisation of the Department, which allowed more time to be devoted to sampling, and the opening of the "new" Henry Road Dairy premises of the Oxford and Swindon Co-operative Society, which increased considerably the amount of milk processed for supplying a much larger area than previously. Certain teething troubles were experienced and milk sampling was stepped up as a safeguard.

Of 231 (258) samples of raw milk taken, only 2 (1) were found to contain antibiotic. Both farmers concerned were advised of the need to segregate for the necessary period any milk from cows which had been treated with antibiotics and of the requirements of the Food and Drugs Act. Follow-up samples in each case were satisfactory.

There are 2 retailers registered for the sale of Untreated milk and both are supplied from herds declared free from Brucellosis. Of the 50 (25) samples of Untreated milk submitted for testing, 4 (3) failed the Methylene Blue keeping quality test; 31 (18) of these samples were also biologically examined and all were returned as satisfactory in relation to Brucellosis and Tuberculosis. The Methylene Blue failures were directly due to poor stock rotation and advice was given to both producers and retailers on codings and delivery times.

There are 156 (153) general stores now selling pre-packed milk, mostly pasteurised. A small amount of bottled sterilised milk is still sold, and cartoned ultra high temperature treated milk is increasing in popularity. All 29 (12) samples of sterilised milk satisfied the Turbidity Test. 167 (11) samples of ultra high temperature milk were satisfactory. Particular attention was paid to this commodity following 2 instances where the cartoned milk was being exposed for sale after the expiry of the date code indicated on the carton. 45 (9) school milk samples were all found to be satisfactory.

The laboratory of this Department was used for routine Gerber testing of milk by our own staff, and 316 (314) samples were checked. Average results for Channel Islands milk were 4.43 % (4.47 %) milk fat and 9.16 % (8.81 %) non-fatty solids, and were well above the statutory minimum of 4.0 % fat and 8.5 % solids not fat. Pasteurised milk averaged 3.67 % (3.65 %) milk fat and 8.91 % (8.61 %) non-fatty solids. The value of these routine tests was illustrated when a sample of Channel Islands milk purchased from a roundsman was found to be unsatisfactory. Within one hour of the first sample a formal sample was purchased from the same roundsman. This formal sample was subsequently notified by the Public Analyst as being below the statutory standard. (See report later under Food and Drugs Sampling.)

Milk Sampling Results

	Samples tested	Satisfactory	Failed	% Failed	Void
Heat Treated Milk (Pasteurised)					
Methylene Blue Tests ...	545	502	27	5.14 %	16
Phosphatase Tests ...	545	544	1	0.18 %	—
Sterilised Milk					
Turbidity Tests ...	29	29	—	—	—
Ultra High Temperature Milk					
Colony Count ...	167	167	—	—	—
Untreated Milk					
Methylene Blue ...	50	44	4	8.0 %	2

Early in the year the Oxford and Swindon Co-operative Society reorganised the milk processing plant at its Henry Road premises. The building, formerly used as a meat products factory, was converted into a large modern Dairy, designed to process an increased throughput of milk. When the new plant came into full operation the old Dairy plant was dismantled. For a short period of time whilst the new plant was being brought into commission, processing was shared between new equipment in the new Dairy and holding tanks in the old Dairy and a number of difficulties were encountered. Plant breakdowns resulted in the disruption of work schedules and considerable delay. Consequently the Dairy operated until late in the evening and occasionally until the early hours of the morning. A number of complaints were received from residents in Henry Road of noise nuisance, both early morning and late evening, and of high noise levels during daytime working hours. A large amount of staff time was spent investigating the complaints and it was found that the noise level outside the Dairy in Henry Road was unacceptable during the evening hours. With the co-operation of the Dairy management, the plant difficulties were overcome, working time was reduced to reasonable daytime hours, and ground floor window openings in the building facing Henry Road properties were double glazed, resulting in a considerable improvement.

It is pleasing to note that during the period of difficulty, although many samples of milk were taken, only 2 samples failed the Methylene Blue keeping quality test. These were at the time when milk was being processed in the new plant and kept in holding tanks in the old plant. The Channel Islands sample with a low fat content also occurred at this time. (See Food and Drugs Sampling.)

Cream

Although there is no statutory bacteriological standard for raw or pasteurised cream, a total of 52 (20) samples were submitted to the Public Health Laboratory. Methylene Blue and plate culture tests were carried out and the interpretation of results was based on advice of the Public Health Laboratory. Twenty (16) samples of raw (fresh) cream were examined and 4 (7) of these were considered unsatisfactory. Of 32 (4) samples of pasteurised cream, 4 were unsatisfactory. Unsatisfactory samples were discussed with producers and retailers to ensure better standards of hygiene in handling and storage. Some of the failures were associated with the breakdown of bulk supplies into small cartons at a local retail shop. Extensive investigations by the District Inspector and a joint visit with a Bacteriologist of the Public Health Laboratory exposed the area of contamination. Advice was given to the retailer and follow-up samples were satisfactory. Although there is a ready demand for fresh cream, it is a commodity that is easily contaminated unless the highest standards of hygiene are observed in its preparation. Frequent and selective sampling is still necessary to ensure that cream samples conform to the desired bacteriological standards.

Ice Cream

A total of 60 (44) ice cream samples were examined during the year and were obtained mainly from mobile vendors, retail shops and small local manufacturers but a few were sampled from restaurants where ice cream is served as part of the meal. Five (6) samples were found to be unsatisfactory, 2 in Grade 3, and 3 in Grade 4. Three of these were from mobile vendors revealing insufficient attention to basic hygiene and the cleansing and sterilisation of equipment on this type of vehicle.

There is still no statutory standard for ice cream but the Methylene Blue test is used as an indicator of the bacteriological quality, listing the results into Grades 1 to 4. Grades 1 and 2 are considered satisfactory and 3 and 4 unsatisfactory. A total of 16 (11) ice lolly samples were taken and all proved to be satisfactory. Because of the acidic nature of this type of product it is unusual to receive unsatisfactory bacteriological results.

(ii) Food Hygiene

(a) Inspection of food premises

The routine inspection of all food premises by the Department is work of major importance in this City. As an international centre of learning, tourism and industry, the refectories, restaurants, canteens and shops are used by large numbers of people, whether residents or visitors, throughout the year. During the year 3,745 (3,901) visits were made to food premises of all kinds, and although 341 defects had to be remedied, broadly speaking the general standards of hygiene were found to be reasonably satisfactory. As well as routine inspections, two surveys of particular types of premises were carried out. In the early summer, before the main influx of tourist visitors to the City, all hotels, guest houses and boarding establishments were inspected and toward the end of the year all licensed premises, including Clubs, especially those places where meals or snacks are prepared or served, were given similar attention. It is satisfying to report that only a small number of informal notices had to be sent concerning minor defects, and no instances were found that required formal action.

Rumours regarding the sale of meat at a local factory reached the Department and subsequent investigations revealed that a pig-keeper from outside the City, who worked in the factory, was bringing in joints of pork for sale to fellow workers. The man concerned was contacted and interviewed and, in view of the requirements of the Food Hygiene Regulations, agreed to discontinue the practice.

Where plans for proposed or altered food premises are submitted to the Council for Building Regulation approval, they are vetted by the Department and any relevant observations are made to the applicants. It is now usual for persons wishing to put forward proposals to come in the first instance to the Department to discuss them before submitting definite plans, thus saving time, possible additional expenditure, and ensuring that new premises comply in every respect before opening for business.

The increasing use of the domestic deep freezer units and frozen food centres means that we must exercise vigilance over low temperature control. The quality of the frozen food deteriorates if the temperature is not kept at 0-5°F.

During the year the Department purchased an electronic thermometer for use in the lower temperature ranges of deep freeze cabinets. The instrument is pocket-sized and battery operated, and by using sensitive probes the temperature within a deep freeze cabinet or sample of frozen food is immediately demonstrated on the dial of the meter. The great advantage of this thermometer is the speed with which accurate low temperature readings are obtained, compared with the several minutes required by normal mercury thermometers. The instrument is also capable of measuring higher temperature ranges by the use of different probes. It is a valuable addition to the technical equipment of the Department.

The situation has not yet arisen where a breakdown in a domestic freezer cabinet has resulted in a request for an Inspector to pass judgement on the fitness or otherwise of thawed-out foods. Since certain insurers are now prepared to accept an Inspector's 'condemnation' note for claims concerning food spoiled in such a breakdown it is expected that such requests will be forthcoming and the Department will be pleased to advise.

One prosecution was taken during the year regarding contraventions of the Food Hygiene Regulations. A tea shop was reported to the Health Committee and subsequently charged with a total of 15 offences under Regulations 7, 18, 21 and 25, concerning the cleanliness of articles and equipment, disrepair of floors, insufficient washing facilities and dirty hand towels. Total fines of £450 were imposed with an Advocate's Fee of £15.

Investigations into 7 (6) cases of suspected food poisoning were carried out but only 2 (1) cases were confirmed by laboratory examination. The most interesting case occurred in a small specialist department of a local hospital, when 39 members of staff and their families attended a private buffet party. After the party, 19 of those attending were affected by severe diarrhoea and abdominal pain and, in some cases, were quite ill for several days. Faecal specimens were submitted from 14 persons and 8 were positive for *Salmonella typhimurium*. All the affected persons had eaten scotch eggs at the party whereas non-sufferers had not. The scotch eggs had been made by one of the staff at home the previous evening, stored overnight in the domestic refrigerator and carried to the department next morning. They were kept in a tin in a sunny room all that day until taken from the tin just before the party at 5.00 p.m. Although none of the scotch egg was available for bacteriological examination, the evidence available indicated that the outbreak was probably caused by it.

Another suspected case which could not be confirmed led ultimately to much investigatory work of great interest. A woman who had partaken, with 3 other persons, of a meal including fried rice in a Chinese restaurant, was ill about 2½ hours after the meal, whilst other persons were unaffected. Samples of vomit were sent for analysis but no positive evidence could be found at that time. A short time after this incident a report of a similar condition with the same symptoms indicated that *Bacillus cereus* could have been the causative organism. Mr. Glistler, District Public Health Inspector, carried out extensive sampling into methods of preparation of fried rice and the growth of *Bacillus cereus* organisms in such rice from Chinese restaurants in the City. (See report in Bacteriological Sampling section.)

An alleged case that could not be confirmed concerned students who were said to have been ill following the consumption of beef in a College dining hall. It appeared that the complainant, the student body representative—a rather earnest young man—had been hoaxed by his colleagues. A couple became ill and vomited after eating a take-away meal from a



CHECKING TEMPERATURE OF DEEP FREEZE FOOD CABINET

Chinese restaurant. No samples of food or vomit were available for analysis and, on inspection, the restaurant kitchen was found to be very clean and no evidence of metallic food poisoning could be found. A woman was admitted to hospital with suspected food poisoning after eating a pork pie purchased from a local shop. No pathogens were found but the shop was found to be below standard and hygiene was later improved.

An employee at a local works was admitted to hospital as a positive case of food poisoning and two other persons employed with the man also had similar symptoms. The canteen kitchens and vending machines at the works were inspected and a high standard of cleanliness was found. No other workers were affected and it was concluded that the food poisoning did not originate in the works. Ham purchased from a market and eaten two days later was suspected of causing sickness but, although faecal samples were submitted, no food poisoning organisms were isolated.

Unfortunately complaints of food poisoning are usually made too late for any useful samples of the suspected food to be obtained. A prompt complaint, accompanied by a portion of food, would save much unproductive work in most cases. One can only reiterate the message of previous reports that proper attention to storage, handling and preparation of food and the personal hygiene of food handlers is vital if food poisoning outbreaks are to be reduced. Food poisoning organisms multiply most rapidly at the temperature range 20°C. to 50°C. (68°F. to 122°F.). The practice of keeping food warm in kitchens for some time before serving allows organisms in the food to multiply profusely and later cause illness in the consumer. If the food is cooked some time before consumption, then it should be cooled as quickly as possible and stored in a refrigerator until required, and properly reheated immediately before serving. If required cold it should be removed from the refrigerator when needed and be carefully protected from contamination before being served.

(b) Inspection of Food Hawkers' Vehicles (Oxford Corporation Act, 1953). Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

Registrations of hawkers of food under the 1953 Act now total 144 (143) and during the year 1,487 (1,686) inspections of stalls and vehicles were carried out. Members of staff worked to a rota system to inspect the 8 or 10 hot dog vehicles that trade within the City each evening. Repeated visits were necessary to ensure that food hygiene standards were maintained. Conditions were generally good but minor matters of non-compliance with the Regulations were found which were remedied by the vehicle operators. No instances requiring formal statutory action were found.

The annual St. Giles' Fair received careful and constant attention during the whole of its two day life and conditions were found to be satisfactory. There were 48 (47) food stalls operating at the fair and hygiene standards

were found to be good with no 'on the spot' notices required. This year, for the first time, modern portable hygienic sanitary accommodation was hired and provided for the use of members of the public. Except for some reservations regarding a lack of adequate screening at the entrances to the facilities and some smell due to heavy use, this equipment was a great improvement on previous arrangements. It is hoped that the success of these units will persuade the City Council to purchase similar units which would fulfill a need at other short stay fairs and community gatherings. Noise levels from the fair machinery and musical entertainment were about the same as last year and no complaints were received from members of the public. The usual mains water standpipes were provided by the Water Board and were most helpful in maintaining reasonable hygienic standards. Adequate refuse facilities were provided for traders at the fair by the Cleansing Section of the City Engineer's Department and, although several bulk bins were provided for the use of members of the public, some quickly became filled to overflowing. A proportion of the public ignored the facilities provided and parts of the fairground were, at times, heavily littered by a mixture of paper, cartons and beverage cans. Nevertheless, the Cleansing Section of the City Engineer's Department and the City Estates Surveyor's Department are to be complimented on the expeditious and thorough cleaning up operations carried out at the end of the fair.

There were 30 (34) permanent foodstalls at the Covered Market, 25 (23) foodstalls at the Oxpens open market, and 11 (10) foodstalls at the open Sunday market at the Greyhound Stadium, Blackbird Leys. Conditions at the Covered Market were reasonably good and a total of 78 visits was made to ensure that the Food Hygiene Regulations were properly complied with. Reasonable standards were maintained at the open markets, although one stallholder was prosecuted under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966—Regulation 16—for the absence of a hot water supply, and Regulation 13 for not exhibiting his name and address. He was convicted and fined £30 in each case. During the year members of staff co-operated with fellow officers in other Departments on the design and layout of the proposed new market to be situated near the new Westgate Development Area. Toward the end of the year the future of the Sunday open market became doubtful due to difficulties in complying with the Shops Act, 1950, resulting in successful prosecutions by the Weights and Measures Department, and eventually the market was closed and re-opened as a Saturday market.

Covered Market—

Butchers	...	...	...	...	...	...	...	7
Fishmongers and Poulterers	...	...	...	...	...	...	...	5
Fruiterers and Greengrocers	...	...	...	...	...	...	...	7
Grocers	...	...	...	...	...	...	...	3
Restaurants	...	...	...	...	...	...	...	3
Cake and Confectionery	...	...	...	...	...	...	...	3

Coffee grinder	...	...	...	...	...	...	1
Sweets	...	...	...	...	...	...	1
							—
							30
							==
Open Market—							
Fruiterers and Greengrocers	...	...	...	...	...	...	7
Confectionery	...	...	...	...	...	...	2
Confectionery and Ice Cream	...	...	...	...	...	...	1
Cakes	...	...	...	...	...	...	1
Biscuits	...	...	...	...	...	...	1
Eggs, Sausages and Frozen Chicken	...	...	...	...	...	...	1
General Grocery	...	...	...	...	...	...	2
Hot Dogs	...	...	...	...	...	...	2
Meat Pies, Sausages	...	...	...	...	...	...	1
Farm Products	...	...	...	...	...	...	2
Fishmongers	...	...	...	...	...	...	1
Mobile Butchers' Vans	...	...	...	...	...	...	2
Snack Bar	...	...	...	...	...	...	1
Pet Stall	...	...	...	...	...	...	1
							—
							25
							==
Sunday Open Market—							
Greengrocers and Fruiterers	...	...	...	...	...	...	3
Sweets	...	...	...	...	...	...	3
Cakes	...	...	...	...	...	...	2
Butchers	...	...	...	...	...	...	1 or 2
Ice Cream	...	...	...	...	...	...	1
Eggs	...	...	...	...	...	...	1
							—
							11 or 12
							==

(c) Hygiene, Education and Publicity

A total of 39 (35) talks and demonstrations were given by members of the staff on both general matters relating to the work of the Department in the wide field of environmental health and on subjects of specific interest, namely food hygiene, housing and smoke control. Often the talks were given outside normal office hours and it is hoped that they were as rewarding to the receivers as they were to the staff concerned. The usual talks were given to Medical Students and Student Nurses, as well as talks to school pupils and students attending catering courses. Interviews were also given to the local press and Radio Oxford to publicise certain aspects of the Department's work. It is a pleasure once again to record the interest and co-operation of hospital catering staffs, Domestic Bursars and Stewards of

Colleges and members of the food trades in the continuing efforts in the food hygiene field.

(d) Hospital and College Hygiene

A good relationship has continued between the staff of the Department and members of catering staffs in the Colleges and Hospitals. Visits made are usually welcomed by both parties and serve to maintain the generally good hygiene standards found in the premises concerned. During the year 418 (404) visits of inspection were made to Colleges and 303 (240) visits were made to Hospital premises in an advisory capacity. The new John Radcliffe Hospital was opened in the late summer. Excellent kitchen facilities Radcliffe Hospital was opened in the late summer. Excellent kitchen facilities have been provided but one point of criticism was found when the building came into use. The kitchen area floors, although of good tiled construction and finish, were found to have an extensive network of ducting built into them. The ducts, totalling about 15% of the floor area, were covered throughout their length with removable covers. Difficulties were found when cleaning the floor with water seeping into the ducts through unsealed jointing between the covers and frames, and the accumulation of grease, dirt and food particles in the same areas and in the lifting lugs of the covers. The extensive ducting may also provide harbourage for insect pests. Discussions have taken place to decide upon possible remedies to alleviate the situation.

Pest Control staff were kept busy in the eradication of pests within hospitals, especially against the widespread and troublesome Pharaoh's Ant, and treatments against this pest cannot be relaxed if control is to be effective.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	10	99
Butchers	70	608
Cake Shops	17	74
Confectioners	117	27
Dairies and Milk Depots	6	330
Fishmongers and Poulterers	18	346
Preparation and Service of Food	301	1,289
Fruit and Greengrocers	83	356
Grocers	211	634
Ice Cream Manufacturers	1	9
Miscellaneous (Including Ice Cream Retailers)	—	2,397
Market Stalls, Hawkers, etc.	211	1,487
St. Giles' Fair Food Stalls	48	768
Public Houses and Social Clubs	171	428
Total Inspections		8,852
Visits re sampling		1,576

(iii) Meat Inspection

There are now no slaughterhouses in the City and meat inspection on a regular basis is no longer necessary. However, during routine inspections of meat premises, Inspectors check that carcase meat has been properly inspected at the point of slaughter.

Imported Food Regulations, 1968

During the year 149 (206) containers of imported meat were consigned to the three wholesale meat depots situated within the City. These containers pass through the ports of entry without detention for examination and prior notification of their arrival in Oxford is sent by the Port Health Authorities. The containers are then examined on arrival at the depots. The amount of meat received in the City this year totalled 1,327,221 lbs. All the meat came from Ireland and entered the country through the ports of Holyhead, Newport, Liverpool, Manchester and London, and it was found to be satisfactory and of good quality, and no difficulties were experienced. Now that we are part of the European Economic Community and with the free exchange of trade between member states, it is expected that a wider range of foodstuffs will be coming into the area and will require careful inspection.

(iv) Diseases of Animals Act, 1950

Each Wednesday a member of staff attended the Oxpens Cattle Market to carry out the duties required under the Act, including the issue of Movement Licences under the Movement of Swine Order, 1959. The number of pigs passing through the Market increased to 1,023 (833) and 114 (70) Movement Licences were issued. There were no reported outbreaks of any disease within the City during the year.

Visits were made to the five farms situated within the City boundary to check on stock kept on the premises and conditions were found to be satisfactory. There are only 2 piggeries now operating in the City, and only one of these uses swill for feeding and is registered under the Diseases of Animals (Waste Food Order) 1957, for the use of plant for sterilising swill for feeding purposes. No difficulties were experienced in the operation of the Act and Regulations.

(v) Sampling of Food and Drugs

1. Total number of samples	...	...	...	...	...	169
2. Number of formal samples	...	...	...	...	...	14
3. Number of informal samples	...	...	...	...	...	155
4. Number found to be non-genuine	...	...	...	...	...	3

At the beginning of the year it was decided that Food and Drugs sampling should embrace a wide range of foods sold by the whole field of retail outlets. A total of 169 (176) samples were submitted to the Public Analyst for examination. As in previous years, the samples were carefully selected, bearing in mind the high cost of analysis. A fairly even distribution

was made between imported foods, locally produced items, health foods, ingredients used by local manufacturers, seasonal sales and articles from the fast growing “Cash and Carry” markets. Only 3 samples were reported as non-genuine or unsatisfactory and these are listed below:—

1. Acidity and Gastritis Mixture. The sample contained 3.2% of Sodium Bicarbonate, whereas the label on the bottle declared that the product contained 2%. After correspondence with the manufacturers it was agreed that the labelling should be changed.
2. Channel Islands Milk. Fat 2.75%, solids-not-fat 9.05%, water 88.2%. This sample was obtained following a routine Gerber test, in the Department's own laboratory, that indicated a deficiency of milk fat in a routine informal sample. A formal sample was obtained from the same roundsman shortly afterwards the same morning, and was submitted to the Public Analyst. The firm concerned was notified and investigations within the dairy disclosed a faulty piece of equipment in the storage tank holding the Channel Islands milk. The agitator in the tank had failed, allowing the cream in the milk to settle out at the top of the tank. The facts of the matter were reported to the Health Committee and it was decided that a warning letter be sent to the firm concerned.
3. Falafel—Oriental Dish. This sample was purchased from a shop catering mainly for the immigrant community. A leaflet enclosed in the packet claimed that the food was ‘rich in vitamins’. This is contrary to The Labelling of Food Order, unless a quantitative declaration of the vitamins is made. The matter was taken up with the importers of the product, who in due course informed the Department that the foreign manufacturers agreed to delete the claim from the leaflet.

Samples taken for analysis during the year 1972

Article	No. of samples obtained			Results of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Alcoholic Drinks ...	—	5	5	5	—
Bakery Ingredients ...	14	—	14	14	—
Beverages ...	4	—	4	3	1
Bread ...	3	—	3	3	—
Cereal ...	7	—	7	7	—
Cheese... ...	6	—	6	6	—
Confectionery ...	24	—	24	24	—
Drugs and Vitamins	18	—	18	17	1
Eggs ...	4	—	4	4	—
Fats ...	6	—	6	6	—
Fish ...	3	—	3	3	—
Fruit (dried) ...	4	—	4	4	—
Fruit (fresh) ...	4	—	4	4	—
Fruit (tinned) ...	3	—	3	3	—
Ice-cream ...	3	—	3	3	—
Meat and Meat products	5	—	5	5	—
Milk ...	3	7	10	9	1
Oriental foods ...	1	—	1	1	—
Poultry ...	1	—	1	1	—
Sauces and Spices ...	18	—	18	18	—
Sausages, beef ...	1	1	2	2	—
Sausages, pork ...	4	1	5	5	—
Soft drinks ...	5	—	5	5	—
Spreads and pastes ...	7	—	7	7	—
Sugar ...	3	—	3	3	—
Vegetables ...	2	—	2	2	—
Yogurt ...	2	—	2	2	—
Totals ...	155	14	169	166	3

Pesticide Residues in Foodstuffs

This Authority was again asked to participate in the 1972 National Pesticide Residues in Foodstuffs Survey. The foods to be sampled were decided by the co-ordinators of this nationwide survey and were taken at specific times of the year. Three foods were sampled and in each case three separate samples of the food were obtained, totalling 9 samples, as follows:—

Apples—English, Italian and French

Soft Cheese—English Cottage, Ayrshire and Port Salut

Eggs—three samples of fresh eggs

Traces of pesticide were found in all the samples but amounts were very small and gave no cause for undue alarm. Vigilance is necessary, however, and sampling for these substances will continue.

Food Complaints

The number of food complaints received during the year increased again to 146 (132). In 5 (6) instances the complaints were considered serious enough to be reported to Health Committee and 4 (3) prosecutions were authorised and one warning letter was also sent.

The prosecutions were:—

1. Glass in ground coffee—Section 2, Food and Drugs Act, 1955—fine £40 with £20 Advocates' fee. Following the complaint the District Inspector visited the shop concerned and found that customers purchased whole coffee beans which were then ground in a grinding machine on the shop counter. The grinding machine was surmounted by a glass bowl covered by a metal lid. Close scrutiny of the top rim of the bowl revealed that the glass was extensively chipped, presumably by the frequent replacement of the ill-fitting metal lid. A sample of the glass from the bowl was submitted to the Public Analyst, who reported that the refractive index of the glass was the same as that of the particles of glass found in the complainant's coffee. The hopper bowl and lid were surrendered to the Department and a new bowl and lid was fitted to the grinding machine and the company stated it would take similar action with coffee machines in its other shops throughout the country.
2. Mouse droppings in crisps—Section 2, Food and Drugs Act, 1955—being not of the quality demanded—Fine £30, plus £6 costs.
3. Wire in Beef Sausage—Section 2, Food and Drugs Act, 1955—being not of the quality demanded—Fine £40, plus £10 Advocates' fee.
4. Mouldy Danish Pastry—Section 2, Food and Drugs Act, 1955—being not of the quality demanded—Fine £25, plus £5 Advocates' fee.

The majority of the complaints received were due to carelessness in handling and stock rotation and it is obvious that despite the educational efforts of District Inspectors, preventable mistakes are still being made by food handlers, thus the salutary lesson of legal action is still necessary. A few complaints were beyond direct remedial control by this Department, inasmuch as they were foreign bodies and insect pests in imported canned goods. A particularly repulsive item was a large blood-stained finger bandage in a can of tomatoes. The matter was brought to the attention of the foreign canners through the co-operation and help of the importers.

From time to time the investigation of a complaint has brought the response from the manufacturer or importer that, "all stocks of this particular commodity have been withdrawn from sale". This statement is generally received with some satisfaction and a feeling that some good has been achieved by the complaint and ensuing investigatory work. Unfortunately, three complaints during the year indicated that this is not always so. A can of Greek grapefruit with a high tin level of 400 p.p.m. was alleged to have caused sickness in the complainant. The can was from a shipment, part of which had caused similar complaints in another part of the country earlier in the year. The distributors said they understood all stocks had been recalled following the first complaint and they expressed surprise that the brand of grapefruit was still available. Our own complaint

was from a batch distributed to a local school canteen. The second complaint was of imported canned Apple Puree, which had excessive blackening on the inside of the can and a high zinc content. The puree was purchased from a local shop which was supplied through a local “cash and carry” warehouse. The main distributors said that they thought they had recalled all the cans from sale but renewed their efforts to do so following the complaint.

The most disturbing instance occurred toward the end of the year when in a short period of time 3 complaints were received of soft margarine with an excessively soapy taste. The margarine had been purchased from local shops. The manufacturer was quickly notified and stated that a whole batch of the products, with the same coding as the margarine complained of, had been found unsatisfactory after distribution. All distribution channels were notified to withdraw that particular code of margarine from sale about one month before the margarine was purchased in Oxford. While further investigations were being made by the manufacturer and distributors, another 2 similar complaints were received, and both had the coding numbers of the unsatisfactory batch said to have been recalled. These latter 2 complaints were from a branch shop of a large retail chain and from the same branch store as two previous complaints. Eventually the matter was satisfactorily resolved, but not before a great deal of work had been carried out by the manufacturer, distributors and this Department. Statements by firms that, “All stock has been withdrawn from sale” will no longer be taken at face value by this Department.

The amount of foodstuffs surrendered for destruction during the year increased considerably to 19 tons 3 cwt. 15 lbs (13 tons 93 lbs.). A large part of the increase was due to two consignments of imported tomatoes delivered to a local wholesaler which were found to be unsatisfactory. Fortunately the weight of canned goods condemned dropped almost by half. The increase in the quantity of frozen foods is attributed to a number of breakdowns due to electrical faults in newly installed frozen food cabinets in a new “cash and carry” warehouse. Visits to premises concerning food condemnation totalled 194 (237) and resulted in an income of £40.00 (£48.50).

Foodstuffs Surrendered for Destruction

Commodity					Weight in lbs.	
Baby food	...	...	...	...	418 $\frac{3}{4}$	
Beverages	...	...	...	...	104 $\frac{1}{2}$	
Cereal	...	...	...	...	69 $\frac{1}{4}$	
Cheese...	...	...	...	...	117 $\frac{1}{2}$	
Confectionery	...	...	...	...	273 $\frac{1}{2}$	
Cordials	...	...	...	...	71	
Fats	...	...	...	...	733 $\frac{1}{2}$	
Fish	...	...	...	...	273 $\frac{3}{4}$	
Flour	...	...	...	...	1,178	
Fruit	...	...	...	...	11,371 $\frac{1}{4}$	
Meat	...	...	...	...	5,941 $\frac{1}{4}$	
Miscellaneous	...	...	...	...	322 $\frac{3}{4}$	
Poultry	...	...	...	...	356 $\frac{1}{2}$	
Salt	...	...	...	...	210	
Sauces	...	...	...	...	134	
Soups	...	...	...	...	51 $\frac{1}{4}$	
Sugar	...	...	...	...	258	
Vegetables	...	...	...	...	1,304 $\frac{1}{4}$	
						23,189
Canned						
Meat	...	...	...	...	499 $\frac{3}{4}$	
Fruit	...	...	...	...	2,859	
Vegetables	...	...	...	...	2,072	
Fish	...	...	...	...	90	
Milk	...	...	...	...	328 $\frac{1}{4}$	
Jam	...	...	...	...	193 $\frac{3}{4}$	
Soup	...	...	...	...	512 $\frac{1}{4}$	
Miscellaneous	...	...	...	...	1,289 $\frac{3}{4}$	
						7,844 $\frac{3}{4}$
Frozen food	...	...	...	...	11,877 $\frac{1}{4}$	
						11,877 $\frac{1}{4}$
						42,911

Bacteriological Investigations—Public Health Laboratory Service

It has been a very busy year in this important field of work and a total of 467 (267) samples have been submitted to the Public Health Laboratory Service for bacteriological examination. These included a number of samples of food believed to be involved in alleged food poisoning outbreaks, 110 (91) samples of swimming bath water, 60 (44) ice cream samples (previously mentioned), 96 (43) swabs of food equipment, 42 (23) samples of well water, and 52 (20) samples of fresh cream (previously mentioned). Swimming bath water results were generally satisfactory, although in a small number of instances advice had to be given to pool operators regarding chlorination and filtration in school and hospital pools. In each case follow-up samples were satisfactory. When pool bacteriological samples were taken, on-the-spot checks were carried out for chlorine levels and pH values of the water by a member of staff.

Messrs. Allen and Glister carried out a survey into the bacteriological cleanliness of a number of food establishments, mainly as a means of educating food handlers into the proper cleansing of equipment. Eleven premises were visited and a total of 93 swabs were taken. The premises

ranged in size from a small cafe to a large hotel kitchen. Explanations of the sampling technique and the purpose behind the survey were given with demonstrations in the use of sterilant detergents. Swabs were taken before and after the use of the sterilant and the following day incubated culture plates were shown to kitchen staff to demonstrate contamination and sterilant effectiveness. The survey was considered a success when food handlers recognised the value of the use of sterilising detergents and the importance of good cleansing practice. Following the survey, the Oxford City Education Department contracted for sterilant detergents to be used in all school kitchens, the large hotel changed to the use of sterilant cleansers on kitchen equipment, and local “cash and carry” stores agreed to carry stocks of detergent sterilants in one gallon cans for use by small food establishments.

Mr. Glister carried out an investigation into the presence of *Bacillus cereus* in rice stored and prepared in Chinese restaurants and take-away food shops. The investigation was initiated by a suspected incidence of food poisoning, following the consumption of a Chinese meal. Nothing untoward was found in the kitchen and no food poisoning organisms were isolated in food or stool specimens. At about the same time the Public Health Laboratory Service Communicable Disease Report, December 1972, mentioned that *Bacillus cereus*, an aerobic sporebearer, had been associated with food poisoning from fried rice. A check was made on the specimens submitted in our own case and *Bacillus cereus* was found to be present. *Bacillus cereus* is a common aerobic sporebearer found in air and in uncooked and stored products. The traditional Chinese method of fried rice preparation can produce a food likely to contain large numbers of these organisms. Fried rice is prepared by boiling the rice sometime before use, draining off excess water and cooling at kitchen temperatures. The rice is then fried with beaten eggs as required. The length of time during which the boiled rice can be held varies from a few minutes to a few days, during which time it may be open to contamination and provide a ready medium for the growth of organisms. Rice was sampled from a number of Chinese restaurants at various stages from raw to prepared boiled rice and over 60 samples were submitted for culture. Results indicated that the number of *B. cereus* organisms can be greatly reduced by following three simple rules:—

1. Rice must be freshly boiled each day and any unused rice must be rejected.
2. Prepared rice must be kept steaming in a closed container or it must be kept covered at a reasonably cool temperature.
3. Raw bulk rice supplies must be kept out of the kitchen or preparation area.

The Chinese restaurant owners and staff co-operated fully in this investigation and agreed to follow the recommended rules outlined above. Their help and co-operation is gratefully acknowledged.

Frequent regular routine samples of well water were taken from Messrs. Lucy & Co. Eagle Ironworks, Walton Well Road, where well water is used for drinking purposes. A Certificate under Section 57 of the Factories Act has been issued for the use of the well water for staff subject to constant precautions by the firm to ensure efficient filtration and freedom from harmful bacteria. A total of 42 samples were taken during the year and fortunately all have been satisfactory.

The valuable help and advice received by the Department during the year from Dr. H. H. Johnson, Acting Director of the Public Health Laboratory, and his colleagues is gratefully acknowledged.

Boiled Rice	...	...	...	...	...	...	...	46
Chinese Food	...	...	...	...	...	...	...	3
Cooked Meats	...	...	...	...	...	...	...	1
Cream	...	...	...	...	...	...	...	52
Drinking Water	...	...	...	...	...	...	...	2
Dry Rice	...	...	...	...	...	...	...	19
Faeces	...	...	...	...	...	...	...	4
Fried Rice	...	...	...	...	...	...	...	4
Ice Cream	...	...	...	...	...	...	...	60
Ice Lollies	...	...	...	...	...	...	...	16
Longlife Milk	...	...	...	...	...	...	...	2
Pancake Roll	...	...	...	...	...	...	...	6
Potato Croquettes	...	...	...	...	...	...	...	1
Sausage Meat	...	...	...	...	...	...	...	1
Sausages	...	...	...	...	...	...	...	1
Swabs	...	...	...	...	...	...	...	96
Swimming Baths Samples	...	...	...	...	...	...	...	110
Water (River)	...	...	...	...	...	...	...	1
Water (Well)	...	...	...	...	...	...	...	42
								467

Fertilisers and Feeding Stuffs

During the year 11 (10) samples were taken under the Act, comprising 6 samples of fertilisers and 5 samples of feeding stuffs. Only one sample, Baby Chick Mash, was returned by the Government Analyst as unsatisfactory, since there was a marked deficiency in the coccidiostat additives. Further investigations into the matter showed that the coccidiostats are added to the mash in the form of a proprietary mixture during manufacture. The nominal levels of additives decrease with the age of the mash, and the mash sampled was over 6 months old. The matter was discussed with the manufacturers, who agreed to circulate all their merchants, distributors and retailers with advice on stock rotation and storage, and emphasising the possible loss of additive efficiency during extended periods of storage.

